UNIVERSITY OF ALBERTA

EFFECTIVE USE OF HUMOR IN NURSING PRACTICE: ANALYSING THE DISCOURSE OF NURSES KNOWN FOR MAKING IT HAPPEN

by

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled EFFECTIVE USE OF HUMOR IN NURSING PRACTICE: ANALYSING THE DISCOURSE OF NURSES KNOWN FOR MAKING IT HAPPEN submitted by JEANETTE ADELINE BOMAN in partial fulfillment of the requirements for the degree of Doctor of Philosophy

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Dedication

In memory
of my mother,
Tina Boman (1924 - 1985)
... a woman who taught me much
about humor

Abstract

This dissertation is an account of a research endeavor undertaken to explore the effective use of humor in nursing practice. The process began with the identificaiton of nurses known for their ability to bring such humorous experience about. This was followed by a series of interviews with each one to examine their experiences with humor. The methodological difficulties encountered are discussed in light of the exploration focus evolving from a "tell me what you do" to a "tell me about yourself" perspective.

As the five all female study participants provided particular accounts about themselves, variable images of these nurses surfaced amongst them as individuals as well as within the ways in which each nurse spoke about herself. In order to accommodate such contrasting presentations, a functional analysis of the discourses generated from a series of interviews with two study participants in particular is carried out.

The challenges of this approach to interpretation are chronicled and presented as two distinctive phases in the study. The first phase is an examination of the different narrative structures each of the featured study participants used in speaking about her life experiences. The second phase evolved when the functions served by variable self-descriptions within the discourse of each study participant are considered in terms of *being* as a phenomenon that is both personal and social in nature. As ongoing constructions of identity, these personal and social being repertoires are examined in relation to humorous espression as a funny, fun-of or in-fun experience.

In that the study is an account of the interpretive shift necessary for hermeneutical inquiry, it serves as an example for future researchers interested seeing how such a shift can happen. Implications for what is meant by the effective use of humor and considerations for promoting such experience in nursing practice are addressed.

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Over the years that it has taken me to complete this work, my husband Kevin Taft and our sons, Jordan and Spencer have watched and supported me in one way or another throughout the entire process. As we moved in and out of "keeping things in perspective" trying to keep in sight an end that at times seemed elusive, these three special people never stopped believing I could and would finish what I started. While other friends and family have been supportive in too many ways to mention, Arnette Anderson, my friend and colleague deserves special mention for helping me through some of the most challenging times; times when self-doubts filled my mind more than any sense of intellectual clarity.

I am grateful to my supervisory committee: Len Stewin for permitting me the freedom to approach the process of inquiry in a way that seemed right for the focus and circumstances of this particular study; Ronna Jevne for believing in me and helping me re-discover hope at two very diffcult points in my endeavor; John Paterson for inspiring me with his own sense of humor; Ken Ward for helping me see the value of qualitative inquiry such as mine; and, Julia Ellis for helping me realize that pre-understandings are not only inevitable but necessary for the ongoing, intrepretive process with which we are all engaged in this world.

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Chapter 1

INTRODUCTION

I began the research accounted for in this dissertation with the intention of examining humor from the perspective of nurses known for their ability to make effective use of it in nursing practice. While I was aware of some of the complexities associated with exploring the meaning and experience of humor, I nonetheless expected it to be an interesting exploration that would first involve identifying, then interviewing and finally watching such nurses in action. As a result of the exploration, I hoped to develop a better understanding of how to make the effective use of humor a more deliberate endeavor in nursing practice. If I knew then what I know now, I would have begun with different expectations.

The implications of such retrospective knowledge became all too clear when the time came to provide a written account of my research endeavor that would meet the dissertation requirements of a Doctor of Philosophy degree in Educational Psychology. My initial expectation was that the experience would be ordered as a process involving: the identification of the question to be examined; a review of the literature relevant to the question; the collection of information from which the research question might be answered; the presentation and interpretation of what would be discovered; and, finally the implications of such findings for the effective use of humor in nursing practice. In an orderly, predictable world, this stage by stage process might have been carried out as planned. However, in the one I entered as a novice researcher, there were many unexpected events, opportunities and barriers that afforded my moving in one direction or another and sometimes, what seemed to be in no direction at all. As a result, what had been anticipated as a straight-forward progressive process gave way to a much more convoluted and layered experience; one where in having taken certain steps in one direction, I found myself back at a

point where I had been before, albeit this time with the benefit of experience and hence, a richer, more developed perspective from which to view that position.

In short, my experience in *doing* the research was much less tidy than it seems in *writing* it up. The decision regarding how to present my research has been a challenging one. One option was to order the experience so that it fit a more standard research format. While this was initially tempting, another more compelling option was to write about the experience as it evolved; as a chronological account of what happened, incorporating, rather than omitting, the untidy complexities of a research project conducted outside the context of a controlled laboratory-like setting.

Borrowing from the image developed by Bruner (1986), I entered what was for me uncharted territory. However, it was not without a set of maps and resources from previous trips and journeys; experiences that inevitably influenced what I did and did not perceive and how I made sense of those perceptions. In providing an account of my research endeavor to others then, I acknowledge these pre-understandings which were mine at the beginning and how they and what I learned along the way continually shaped the interpretive lens through which the research process was perceived and this dissertation subsequently written.

As an exploration of the interview-generated narrative accounts of two women known for their ability to use humor effectively in their practice as oncology care nurses, this dissertation is an account of how I have came to understand their ways of speaking about themselves and the reputations each had amongst their nursing colleagues. It is a weaving of my own voice with the voices of others; a process that involved moving from my own sense of humorous experience, to what I had read, to what I was told and back to what had been written, all the while knowing that by my presence alone I had, in one way or another, influenced not only what was being discovered but the meaning those discoveries would come to have. As such, this dissertation is a composite of many voices and circumstances that have been played

out through my words and actions in a research project where information was collected, interpreted and is now presented as written evidence of that work.

The account begins in Chapter Two with a discussion about how my personal, academic and work-related experience contributed to the research question that eventually served to focus my exploration of effective humorous experience in nursing practice. My initial intent was to have nurses, identified by others as having the expertise, explain how they used humor in their nursing practice and then to observe them in action. It was not however an experience that was easily articulated. This discovery, along with other complexities associated with doing research in a setting where previous non-research related relationships had been established, are explored in relation to the evolution of the research question that eventually served to guide my interviews with the study participants. Where the original question had been developed to discover what such nurses did, the modified question asked them to tell me what they were or had been like at various points in their life all the while knowing they had been identified by their peers as nurses who made effective use of humor.

With this shift from how they used humor to what they were like, Chapter Three is an exploration of the implications this new line of questioning had for the kind of data that would be collected and how those data in turn would be analysed. This new focus necessitated my exploring the notion of self in relation to humor production and appreciation patterns already examined. In reviewing this literature, I was introduced to the notion of self as a narrative concept and the need for the discourse generated by human beings interacting with one another to be taken, not as a reflection of some reality external to the individuals producing it but rather, as a represention of mutually negotiated meanings between socially ordered individuals. The chapter ends with a discussion about the methodological implications for

collecting and analysing the stories generated from my interviews with the nurses who agreed to take part in my study.

In Chapter Four, two of the participants who provided particularly rich and detailed accounts of their life stories are profiled. Each profile is constructed from the discourse generated as a result of their interviews with me, honoring the voice of each nurse with the words used for disclosing their sense of who they were to me. Included are the questions I asked, comments I made and thoughts I had that may have influenced the course and content of each interview that was conducted and hence, the data upon which the study accounted for in this dissertation is based. Such presentation of each case is designed to provide the reader with a basis from which to judge the adequacy of the analysis of the data that follows in Chapter Five.

Chapter Five begins with a discussion about my initial attempt to analyse the data according to the narrative structures employed by each study participant to tell me about her self and how those structures in turn gave rise to particular forms of humorous expression. Considering the meaning of effective humorous experience, I go on to explain how in examining their accounts, as if they were reflections of some enduring essence about each of them, I began to question whether I had found the "right" participants for my study. This doubt, rising out of their not fitting the prototypical notions I carried about effective humorous experience and those who bring about such experience, did not necessarily mean their reputations were erroneous however.

The confusion I experienced at that time is examined in light of my reliance upon a more traditional empirical approach toward categorization and the management of variability in the analysis of and search for patterns in research data. I go on to explain how this confusion disappeared when I eventually came to perceive and understand any particular stretch of discourse for the functions that it was serving rather than for a particular truth, external to those words, that it might be reflecting.

With this analytical approach, the contextual and temporal influences on the generation of discourse could be accommodated and different interpretive patterns became possible. The chapter concludes with a discussion about the notion of effective humorous experience and how it finds expression in the dynamic process of self-construction and the reconciliation of being as both a personal and a social phenomenon rather than one or the other.

Three implications of the study are discussed in Chapter Six. First considered is how this research exemplifies an approach to inquiry that accommodates unexpected changes in direction and error correction as warranted by contextual and temporal circumstances not amenable to prediction and control. As well, the analytical approach that I eventually followed has implications for what is perceived as being and constituting effective humorous experience. These in turn give rise to questions about the ways in which the effective use of humor in nursing practice might be more meaningfully promoted in the future.

Upon reading this dissertation, it is hoped that you will feel as though you have accompanied me on a journey: one which starts with a discussion about the reasons for my taking it in the first place and how these have no doubt influenced the course of this inquiry. Historical and accumulative in nature, such influences are deeply embedded throughout this work. While these evolutionary pre-understandings might be troublesome to those oriented to more traditional empirical inquiry, I would argue that the research for this dissertation has been examined in an intelligent, reflective manner. It is not only a chronicle of what happened when, but an examination of why and how this research experience came to be what it is at this point in time. Brody & Witherall (1991, p. 263) have suggested it is the narrative capacity that makes it possible for human beings to reorganize, reassess and realign life experience so that it can be continually integrated with what presently makes

sense. It has not been so different for me with the account provided in this dissertation.

Cooper (1991) has argued that as chroniclers of our own stories "we write to create ourselves, to give voice to our experiences, to learn who we are and who we have been ... (producing) stories that are both instructive and transforming in the telling and the listening" (p. 111). As such, the research accounted for in this dissertation is ultimately *my* story. It has a beginning, which in the scheme of everything, as Sampson (1989) would argue, has been rather arbitrarily chosen. It has a middle in that an account is provided of the events and circumstances which influenced the attainment of a goal. And, at least as it is manifested at the time of this writing, it also has an end. Most importantly perhaps, it is a story because it is told from a particular perspective in combination with those of others. It is a version of versions or as Geertz (1973) would say, a construction of constructions about the meaning of effective humorous experience and something about those who bring it about. It is with these thoughts that I conclude this introduction and it is you, the reader, to whom the task of constructing yet another version from which to view this work now passes.

Chapter 2

THE EVOLUTION OF A RESEARCH QUESTION

Its Personal Roots

I recall one of my academic advisors saying "What you start out with in qualitative research does not necessarily determine where you will end up." "In fact," he continued "any pre-conceived ideas or initial suspicions you have at the beginning that are still there at the end are just as likely to be a reflection of your biases as they are of anything else." In his opinion, qualitative research was something in which changes were to be expected because of all the challenges and opportunities that arise throughout the process, few of which can be anticipated at the beginning. Little did I know then how true my advisor's words would prove to be. In my case, even the question with which I started changed in the course of events that came to be a part of this research experience. Let me start at the beginning.

I initially began my PhD studies with the intention of exploring the role that humor plays in facilitating learning. With over 15 years of teaching experience in both nursing and health education settings, I had increasingly sensed that humor, if appropriately used, was an important aspect of an effective teaching and learning environment. Even as a beginning nurse educator, it was important to me that my students not only learned the content but enjoyed the process of learning it as well. From my many years of being in the position of a learner, I knew that while a teacher cannot learn the material for a student, he or she can make complicated material seem less so and what might initially seem to be uninteresting material, enjoyable. It was my goal to be such a teacher.

While I was attracted to the potential pleasure that humorous experience affords, at the same time I was also sensitive to the risks involved in moving from what seemed to be "spontaneous" humor to something of a more contrived nature. To me, spontaneous humor was what happened naturally; the stories, jokes, quips or

turns of phrase that just came to mind at the right moment. There were no worries associated with such unpremeditated humorous experiences. They were enjoyed when they happened and if they didn't, it wasn't an issue because there was no plan for them in the first place. However, the notion of strategic or deliberate use of humor changed all that. Where spontaneous humor was supposedly effortless, deliberately planned humor carried with it a sense of pressure to not only perform but to succeed as well. And of course, the feedback is immediate and public. A successful manoeuver is rewarded with laughter and an unsuccessful one with at best, a groan (they got it but it was insufficiently amusing), silence (they missed it) or at worst, contempt (poor judgment on the humor maker's part regarding what was appropriate for the audience).

Up to that point in my life, humor was something that I had always personally enjoyed. My mother had long been my role model for both laughing and making other people laugh. While she could not tell a joke without forgetting the punchline, she nonetheless loved to tell stories on herself: stories about life experiences that had not turned out the way she had expected but had since accepted with a humorous perspective. My dad, a quiet man with eyes that easily twinkled was more often than not her audience, content to relinquish the role of entertaining to her. On occasion however, he too was able to share a joke of his own. While my brothers and I did our share of asking the play-with-words kind of riddles around the dinner table as young children (eg.What does a frog eat with its hamburgers? French flies!), it was not until I was eleven or twelve years old that I remember telling my first joke in public.

We were visiting my aunt and uncle and had just finished eating dinner. As was often the custom, the adults would sit about the table with their coffee and talk while all the children ran off to play or watch television. This time I stayed with the adults for I had a joke that I thought my uncle in particular would like. Waiting for the right moment, which was basically just a lull in the conversation, I announced that I

had a joke to tell. All eyes turned in my direction and there was an expectant silence. It was a story about a little bird happily chirping away after having eaten his fill of some discarded baloney only to be attacked and eaten up by a cat attracted by all the singing. The moral of the story was also the punch line: if you are full of baloney, it is best to keep your mouth shut. As a twelve year old experimenting with adult appreciation of humor, I thought at the time, that this was as adult as one could get. The burst of laughter as the last line was delivered and the continued chuckling along with the looks of appreciation and approval confirmed my suspicions that I had indeed done well.

That successful experience was the beginning of my looking for other opportunities to tell the joke again. What I now realize is that by waiting for and taking advantage of the right moment to tell that joke I was deliberately making use of humor. However, deliberating about the use of humor within the informal personal context of family and friends was quite different than using it in a more formalized public context of classroom full of students. While both instances require a performance, the pressure of a public performance was and still remains a greater one than that associated with a more private or personal experience with humor. Making humorous experience happen in a public domain made the notion of deliberate use of humor a more serious, intimidating endeavor. Much like what a moth must feel about the promise of a glowing light bulb, it was something to be respected and approached carefully to prevent getting burned.

In spite of the risks, I began experimenting with bringing humor into the classroom setting of the nursing courses that I taught. My first attempt involved starting a class in which there were sixty nursing students by reading (and I might add, with my heart pounding) a humorous story that served to introduce the course content to be covered that day. It seemed like a long way away from that evening at my aunt and uncle's dinner table. This was definitely a performance about which I

was nervous; so nervous in fact that I concentrated only on reading and forgot all about breathing. By the end of the story and seriously deprived of oxygen, I barely had enough air left in me to squeeze out the punch line. Mercifully, the sound of my desperate gasp for air was concealed by the burst of laughter that came forth from the class. While my plan to bring about a humorous response had worked, it was, in the end, as much for my benefit as it was for my students. (I never once forgot to breathe in that session again!)

Its Academic Roots

This interest in and experience with humor in the processes of teaching and learning were some of the reasons why I enrolled in the Educational Psychology PhD program at the University of Alberta. I was curious about whether or not a teacher's use of humor influenced the learning process. At the time it seemed like a simple enough question. It did not take long to find out otherwise. An initial review of the scant amount of literature in the area exposed me to the complicated controversies that surrounded the meaning and measurement of learning, let alone the difficulties in determining how and what contributions humor might make to the learning process. From a mechanistic perspective, the notion of exploring the possibility of a causal link between humor and learning seemed unwieldly at the time. With the advice "I wouldn't touch it with a ten foot pole!" from one of my professors who taught a theories of learning course, I reconsidered the focus and manner in which I might be able to explore humor.

What was being discussed in the literature at this time was the notion that a sense of humor was an important dimension of health. While folk wisdom for ages recognized the virtues of a humorous spirit and laughter, it was Cousin's (1979) account of his recovery from a life threatening collagen disease that captured the attention of the media and public alike. His was a story of suffering from a condition that had not responded to conventional medical treatment and, with not much to lose,

deciding to follow a less conventional course of care. This included moving into the quiet surroundings of a hotel with the guarantee of quality sleep and rest; having the best of food to eat; consuming large doses of vitamin C; and, watching a half hour of old Candid Camera movies from which he claimed to get at least ten minutes of hearty laughing every day. While it was much more complex than simply laughing his disease away, it was, nonetheless, the ten minutes of laughing that received the most attention in the popular media and, many years later was still being acknowledged as having been the stimulus for humor research activities that surfaced in the 1980's (Martin, Kupier, Olinger & Dance, 1993).

However, it was not necessarily a clear case that the effects of all humorous experience were positive. In Spiegel's (1972, p. 25) words, whether as a "gift handed down from the gods or a scourge delivered up from the devils", I learned that the nature of humor and laughter had been debated since Plato's time. To some, a sense of humor was perceived as one of mankind's noblest attributes, a reflection of tolerance, acceptance, and sympathy for one's fellow human beings; to others, it was one of it's worst, a reflection of intolerance, scorn, and derision of others. It did not take long to discover that the debates about the nature and purposes of what was perceived to be a paradoxical phenomenon (Fry, 1987), were complex:

> We may laugh in scorn and derision or in sympathy and affection. We may tell a joke to convey hostility or to share imtimacy. Humour both exposes hypocrisy, and hides unpleasant truth. If you laugh without restraint, you are considered to be either mad or mentally healthy. We may laugh to allay anxiety, like 'whistling in the dark' or our laughter may express the opposite, relief from anxiety. (Levine, 1977, p. 132)

The many and diverse ways in which humor can be experienced were the basis for a plethora of different humor theories, none of which did an adequate job in explaining all of its dimensions. There was general agreement in the literature however that humor was typically experienced as either a positive or a negative phenomenon.

Humorous experience was deemed positive when it: 1) relieved tension, stress and anxiety allowing for emotional catharsis in a socially acceptable manner (Dewane,1978; Dixon, 1980; Haig, 1986; Lefcourt & Martin, 1986; Reynes & Allen, 1987; Simon, 1989; Dimmer, Carroll, & Wyatt, 1990); 2) helped one look at or reframe a problem from a different perspective by putting some distance between it and oneself, fostering insight because of a more objective, less egocentric view of the world (Dewane, 1978; Rosenheim & Allen, 1986; Reynes & Allen, 1987; Rosenberg, 1989; Simom, 1989; Dimmer, Carroll, & Wyatt, 1990); 3) added to one's repertoire of ways in which to deal with problems, taking control of instead of being controlled by them (Rosenheim & Allen, 1986; Klein, 1989; Dimmer, Carroll, & Wyatt, 1990); 4) facilitated social cohesion and reduced barriers between people because of an underlying cooperative rather than hostile intention (Dewane, 1978; Haig, 1986; Rosenheim & Allen, 1986; Reynes & Allen, 1987; Rosenberg, 1989; Dimmer, Carroll, & Wyatt, 1990); and, 5) served to make uncertain, stressful situations more tolerable, acceptable and normal, paradoxically allowing, because of it's ambiguous nature, a choice in how those situations could be interpreted (Dewane, 1978; Haig, 1986; Reynes & Allen, 1987; Rosenberg, 1989).

Humorous experience from which one could anticipate these effects typically occurred within a context of mutual acceptance, support and respect among all those involved. Such humor was described as nonjudgmental, nonsarcastic and nonridiculing in nature. Conversely, humor outside that spirit of acceptance, support and respect, was most likely experienced by its targets as a negative phenomenon, having the opposite effects of its positive counterpart. These forms of humor were categorized as hostile and deprecating in nature, best exemplified by sarcasm and ridicule. In spite of the difficulties associated with the definition and the measurement of such a contextual experience, attempts to test empirically the impact of humorous experience on health and well-being were underway. While the conclusions drawn

from this research were mixed, the weight of the existing psychological and physiological evidence supported the notion that laughter and a humorous perspective were, at least in the short term, beneficial (Goldstein, 1987).

Such empirical attention legitimized not only the experience and study of humorous experience but also the notion of it being something to cultivate and deliberately practice. To those interested in restoring, maintaining and/or promoting health and well-being, this became both a personal and a professional issue. Consumer-oriented "let's make humor happen because it is good for you" activities had already begun in the late 1970's (Goodman, 1983). Within a decade, as indicated by Ellenbogen's (1989) directory of humor organizations and publications in North America, it was "big business" and no longer a job left only to the traditional (professional) humor producers in society. Dedicated to the production and appreciation of humorous phenomena in daily life, this was a practically oriented movement for and by the public-at-large.

As a health professional practice issue, the notion that the therapeutic use of humor could contribute to mental and physical health was also a topic of discussion, albeit to some, a controversial one. While the relationship between a sense of humor and mental health had been recognized (O'Connell, 1976), there was little empirical evidence to support the psychotherapeutic benefits of humor as a practice strategy (Kubie, 1971; Reynes & Allen, 1987; Saper, 1988). Those who were cautious expressed concern about the negative effects of inappropriately used humor. To them, the strategic use of humor was a "wild card" in a pack of established psychological strategies. Those who supported the use of humor inevitably acknowledged the importance of its being used sensitively and something with which the therapist must first feel personally comfortable.

It was from this perspective that the psychotherapeutic literature revealed many detailed accounts of successfully applied humor, often including transcriptions

of exemplary humorous interaction. These included how to make use of exaggeration to the point of absurdity (Ellis, 1977; Greenwald, 1987; Salameh, 1987; Young, 1988); the principles of paradoxical intention (Burbridge, 1978; Lamb; 1980); imagery techniques (Ventis, 1987; Prerost, 1989a); relevant jokes, word play, metaphorical mirth, anecdotes and stories (Driscoll, 1987; Salameh, 1987; Furman & Ahola, 1988); stating the unexpected and exposing taboo thoughts (Gervaize, Mahrer & Markow, 1985; Furman & Ahola, 1988); impersonation and bodily humor (Salameh, 1987); and, mutually ageed upon, playful, strategic constructions of comical experience (Young, 1988). While the tension-reducing effects of humor were acknowledged as important in these accounts, to be psychotherapeutic, the humorous strategy employed ultimately had to stimulate a new and liberating perspective for the client situation (Pasquali, 1990).

The therapeutic use of humor was also a topic of discussion for the practice of nursing. The earliest reports of humorous experience in hospital settings were sociological investigations which found it to be a common phenomenon, occurring virtually anywhere, at any time and between anyone (Emerson, 1963). Such humorous experience was thought to be as much for the benefit of the health care providers as it was for the patients in relieving the tensions that came with situations characterized by feelings of anxiety, embarrassment, fear and hope; a time when the rules by which one normally functioned were violated and suspended. Robinson (1974) was one of the first to embrace the notion of therapeutic humor in nursing practice. She claimed however, that the therapeutic use of humor in nursing first required a certain attitude towards life; one where a person is able to accept whatever comes along in life, putting things in a certain perspective so as to maintain a sense of control over life and its events. Describing this as "cheerfulness, wit, charm, give-and-take banter" and the "ability to see the absurdity in a situation and to convey that feeling to a patient," Robinson (1974, p. 38) argued that with this foundational

attitude, the rest was a matter of becoming more knowledgeable in how to use humor, collecting, modifying and practicing stories or jokes, and always looking for an appropriate moment for their telling.

Subsequent publications about humor in nursing practice typically acknowledged the therapeutic potential of humorous experience and, much like the psychotherapeutic perspective, something that was most suited for nurses who already valued humor as a positive emotion and felt personally comfortable using it (Rosenberg, 1989; Simon, 1989). Because the therapeutic practice of humor is not included in traditional educational preparation of nurses, humorous experience in the practice setting was commonly perceived as a spontaneous phenomenon or something that came about because of an individual nurse's "natural" ability to make people laugh (Warner, 1986; Ruxton, 1988). As well, the therapeutic value of humor in nursing practice was more often perceived in terms of reducing tension than as a psychological mechanism by which to gain insight into dysfunctional patterns of thinking. Suggestions for the deliberate incorporation of humorous experience into nursing practice subsequently focused more on making use of humor resources than theory-based communication strategies. For instance, nurses were advised to collect and make use of humorous films, videos, photographs, tape recordings, cartoons, stories, games and puppets; display humorous messages in public places; arrange for clowns to visit patient care settings; plan theme days that involved wearing costumes; keep a humor journal; collect and incorporate humorous props into patient care endeavors; and, make use of word plays, exaggeration, banter and jokes relevant to the patient care surroundings, equipment and procedures (Bellert, 1989; Cohen, 1990; D'Antonio, 1989; Crane, 1987; Herth, 1984; Osterlund, 1983; Robinson, 1974, 1983, 1990; Rosenberg, 1989).

Compared to the detailed accounts about why and how humor had been used to achieve certain psychological goals in psychotherapeutic endeavors, the nature and

characteristics of the therapeutic use of humor in nursing practice were more generally and speculatively addressed. To some it was a dimension of nursing practice that could not even be articulated, as illustrated by Benner & Wrubel's comments about an expert nurse, Laura Ryan, who:

> appropriately leaves out the humorous exchanges between herself and-Jane (her patient) because they are not easily understood out of context. Her use of humor was effective in establishing rapport ... Expert nurses frequently use humor as an avenue of communication. However, they are hesitant to talk about their use of humor because it is so specific to the situation and so easily misunderstood. Humor can help reframe a situation; however, effective use of humor requires deep background understanding of the situation and at least a modicum of trust and respect. (1989, p. 19)

The Origins of Sense of Humor

From my exploration of the literature to this point, it was clear that any discussion about the nature of humorous experience and why or how it comes about just as often ended with more questions than with which it started. The fundamental importance of the practitioner's own sense of humor to the therapeutic use of humor in a practice care setting, of course, begged the question "And where does that come from?" I began my search for the answer in some of the literature that addressed the place of humor in mental and social health.

Humor as an indication of mental and social health

To many, whether and how a person used humor in his or her life was an indication of emotional strength, mental health and social adjustment (Allport, 1961; May, 1967; Maslow, 1968; Mindness, 1971; O'Connell, 1976; Robinson, 1990; McGhee, 1979; Frankl, 1984; Lefcourt & Martin, 1986; Reynes & Allen, 1987; Martin, 1989; Prerost, 1989b; Simon,1989). In what O'Connell (1976) described as a pioneer effort, Freud differentiated between laughter arising out of jokes, wit and the comic and the laughter of a humorous attitude. His more widely known thoughts about laughter had to do with his conception of repressed sexual and aggressive impulses being released through jokes, wit and the comic, essentially denial based

denial based responses to painful events. In 1927 when he was dying of cancer, Freud wrote an essay discussing the "greatness, strength and beauty of humor" (Groves, 1991, p. 50) with which, in spite of the provocations of reality and without denial, the individual under his or her own volitional determination refused to suffer, to lose control and be reduced to witlessness (Porteous, 1988). As the ego's victorious assertion of its own invincibility, an authentic humorous response was the refusal to resign in the face of adversity, an act of rebellion which possessed a dignity and a sense of integrity not wholly lacking in wit (Morrell, 1987).

In O'Connell's (1976) opinion, Freud's conception of humorous response was the epitome of a mature sense of humor where an authentic humorist, whether in an active (producer) or passive (recipient) role was one who could rise above hostility, resentment and depression all the while identifying with the plight of others. This required experiencing "in rapid succession, both the phenomenological world of the individual and then his objective manoeuvring for esteem and power in the world of all humanity" (O'Connell, 1976, p. 315). In order for this to happen, both self-esteem and social interest in the worth and significance of others was deemed to be essential. Adequate self-esteem was perceived as the basis for having the "courage to be imperfect" as well as "no need to control others ... intellectually, morally, or spiritually" (O'Connell, 1976, p. 320). This, in combination with the ability to empathize with others was thought to be integral to the development of a non-dualistic view of the world and a subsequent flexibility that allowed a person to switch from over-involved dsyfunctional perceptions of reality to more constructive ones where reality was kept in the proper perspective.

I found similar themes in other descriptions about the fully functioning, integrated mature individual. Allport (1961) characterized a healthy individual as one who had the capacity for self-extension, warm human interactions, emotional security, self-acceptance and self-objectification. With such capacities came a good

sense of humor where in maintaining a healthy perspective, the individual was able to laugh at what was most cherished, including his or herself. May (1967) as well perceived the connection between the sense of selfhood ie., the preservation of one's identity and being able to laugh at oneself, arguing it signified the refusal to be dominated by fear and anxiety. Further supporting this notion was Poland's (1990, p. 198) conception of sympathetic laughter or what he called "the gift of laughter" as a reflection of:

> regard for oneself and one's limits despite pain ... acceptance of oneself for what one is, an ease in being amused even if bemused ... a mature capacity to acknowledge inner conflict and yet accept oneself with that knowledge, even when it is the knowledge of one's narcissistic limits ... a self-respecting modesty based on underlying self-strength and simultaneous recognition of and regard for others.

Such laughter indicating a mature sense of humor came from having developed the capacity to integrate and tolerate the vast mix of contradictory urges, feelings and ideas that one comes to have about one's self and others in the world. This along with an ability to tolerate uncertainty and ambiguity were "accepted goals of successful character analysis" (Poland, 1990, p. 204).

Likewise, Strozier's (1987, p. 53) conception of "genuine humor" arising out of "flexible self boundaries and mastery over even the most intractable of individual issues and social situations" was a sign, along with empathy and creativity of having transformed one's narcissism into a more other-oriented and cohesive self. To Strozier (1987, p. 57), a mature sense of humor had "little to do with learning (how to be humorous) and everything to do with the psychology of self"; that the processes underlying a capacity for genuine humor were the same ones that were responsible for the development of an intact, cohesive, well-functioning person. In other words, humor, insight, maturity, empathy and creativity were not to be seen as

> isolated aspects of the self or the result of an isolated intellectual process but parts of an integrated process ... all central to life, linked in ways that are almost impossible to unravel ... in the transformation

> of the cherished self into a sense of supraindividual participation in the world ... a quiet inner triumph with an admixture of undenied melancholy. (Strozier, 1987, p. 58)

To Poland (1990), Freud's claim of a humorous attitude being a "rare and precious gift" (something he believed not everyone was capable of developing or possibly recognizing) was more a reference to "what was given through experience" than through birth alone; that as the underlying capacities matured, they were shaped by the actualities of an individual's life.

The gift of laughter then was as much the good fortune of having had the right experiences at the right time as any pre-disposition towards a humorous attitude. From Poland's perspective, the development of a humorous attitude could not be dogmatically divided into "this much as constitutional and that much as experiential" (1990, p. 202). In spite of this, he claimed there was still good reason to examine what experiences could be modified in order to fully actualize what was inherently given. Strozier (1987, p. 62) also argued there was not only a human "capacity for humor" but that in each humorous event there was also the possibility of an "experience that builds that capacity." In other words, under the right conditions the capacity for genuine humor and the moments of genuinely experienced humor served to mutually transform the other; that we can both *be* humorous because we *have* humor and *get* humor by *being* humorous (Strozier, 1987).

Such thinking made way for two views about the development of a sense of humor: one was the perception that it naturally evolved along with the successful maturation of the individual; and, the other, that in the event of a flawed maturational process, a sense of humor was still a strategic possibility. O'Connell (1976), for example, argued that anything contributing to the development of self-esteem, social interest and the enjoyment of the existential paradoxes in life was also teaching the rudiments of a humorous attitude. Others, too, suggested that in spite of an inherent capacity for humor, its development and perfection as a cognitive-behavioral skill was

something that could be learned through the deliberate exposure to humorous experience.

While Mindness (1987, p. 91) described humor at its very best as the "ability to take whatever comes along with a shrug if not a smile, to survive every setback from loss of love to loss of status to loss of health", Dixon (1980, p. 284) claimed that it was nonetheless still "easier to be funny when things are going well." O'Connell (1976) concurred, observing that no person constantly experienced high self-esteem coupled with wide social interest and that everyone, to a greater or lesser extent, was skilled in constricting their potential through feelings of worthlessness, blame, isolation, and the inability to change depending upon the circumstances of the moment. Mindness (1987) observed that while everyone has experiences in life about which they are too sensitive to view through the liberating forces of humor, it would be helpful to better understand the dynamics of those moments, where within the seriousness of personal suffering the place for humor is re-discovered.

Because the link between the development of a mature, authentic or genuine sense of humor and the therapeutic use of humor seemed obvious to me at this point, I wanted to learn as much as I could about what contributed to its development. What about this notion of being born with the capacity for a sense of humor? Are some people born with more of a capacity for it than others? Or, if a sense of humor can be learned, what kinds of experiences contributed to that learning process? My questions of course fit right into a classic nature-nuture debate about the origins of one's sense of humor and took me to the psychological and sociological literature where others were asking the same questions.

Explaining Humor in Attributional Terms

In reading how humor had been examined and measured in terms of what was constitutionally inherent or the result of social experience, I entered a world of research where I thought I would find the answers to such questions. However, the

complex, multifaceted nature of humorous experience long recognized in the more philosophical discussions about humor became even more apparent. There were those who explored humor only from the perspective of what it took to trigger or stimulate a humorous response in others. What were the peculiar qualities of these stimuli in terms of content, structure and complexity that caused people to laugh? Others concentrated only on the recipients of a humorous event. What were the psychodynamic and physiological effects of humorous response on them and how did their cognitive processing skills, personality characteristics and past social experiences influence how they responded in the first place? Then there were questions about the people who were skilled in producing and initiating a humorous response from others. What motivational and personality characteristics were essential to the acts of perceiving humor in a situation and in bringing it to the attention of others, making them laugh? Still others examined humorous response in terms of the social setting in which it occurred. How did the nature of the relationships among the participants in a particular social setting influence humorous experience?

From these various perspectives and ways of exploring humorous experience, the findings that emerged were not necessarily consistent or conclusive. Some of this resulted from the various definitions and descriptions of humorous phenomena and how they came about. Morreall (1983), for instance, described a humorous person as someone with a flexible, open mind and a more relaxed and playful orientation to life who felt more in control of life situations than being controlled by them. Such a person was perceived as generally being less anxious and more tolerant of failure or unmet expectations in life. McGhee (1976) suggested that children who produced humor were characteristically extroverted, talkative, assertive, dominant and physically aggressive. Fisher & Fisher (1981) observed that humor producers were of above average intelligence, creative, unconventional, uninhibited, spontaneous,

risk taking, self-steering, field-independent, not particularly concerned about being nice, sentimental or soft towards others and generally less inclined to submit to social pressures. It was also suggested that humorists had favorable self-concepts and the ability to identify with the feelings and actions of others, thus making them friendly, likeable people.

Kupier & Martin (1993) pointed out that while the proposed link between sense of humor and self-concept was generally accepted as basic, the relationship had yet to be empirically examined. From their correlational examination of the relationship between the two, those who reported that they valued, perceived and used humor in their life also demonstrated having actual and ideal self-images that were more consistent than discrepant, greater temporal stability of their sense of self, more positive than negative content in their self-descriptions and more flexible, realistic standards by which to evaluate themselves. As such, they concluded "that a healthier, more positive self-concept" was generally more evident in those with "greater levels of humor" (p. 255). Given the correlational design of the study however, it was impossible to know what was the cause of what.

In terms of an overall sense of well-being Martin, Kupier, Olinger & Dance (1993) reported those rated as high humor individuals perceived themselves having more control over their lives, feeling less overwhelmed or anxious when faced with increasing life adversity and making more use of distancing or confrontational coping strategies than those evaluated as low humor individuals. Where low humor individuals were harder on themselves when they performed poorly and de-emphasized personal importance when they did well, high humor individuals were more accepting of their sense of personal importance regardless of the quality of performance. Again, it was not clear whether having a sense of humor led to better coping skills and an enhanced overall sense of well-being or whether one's sense of

well-being and effective coping skills were the cause for the development of a sense of humor.

A number of differences in gender humor patterns were also reported, a common one being that humor initiation behaviors were more commonly associated with males. Fisher & Fisher (1981), described amateur humor producers as those who could think up and deliver well-timed punch lines and generally cut loose or clown around. These, they claimed, were almost always males. In terms of appreciation, it was commonly reported that males preferred aggressive, tendentious humor more than females did. Because such humor was so socially pervasive, to some, being female and having a sense of humor were contradictory notions (Barreca, 1988). Still others reported differences in male and female response to humor patterns in terms of the social setting. While male appreciation patterns were field-independent, females geared their humor responses with those of their fellow responders. Van Giffen (1990) argued that such generalizations were as much the result of a particular bias in how the production and reception of humor had come to be defined and measured as much as an adequate or complete view of women's humor.

Humor behavior patterns were also examined in relation to previous social experiences, the most frequent focus being family background. Fisher & Fisher (1981) reported that amateur humorists (remembering that they were almost always male) generally had unfriendly, demanding, controlling mothers and that comical behaviors were inversely related to their perceptions of their mother as being easy going, having few rules and trying to train, shape, control their behavior. Ziv (1984) however observed humorist boys as generally having a better relationship with their mother than their father. Humorist girls on the other hand (who in this study were described as more masculine and rejecting of traditional gender roles) had better relationships with their fathers. A more general notion that pervaded the literature

about the family histories of amateur humorists saw them as having had good family relations with a pleasant atmosphere and playful, accepting parents.

Social Setting Variables and Humorous Experience

The manner in which individuals produce and respond to humor was also observed to be influenced by the nature of their interpersonal relationships. For instance, individuals had been observed to laugh more when in the company of friends than strangers. Furthermore, as the intimacy level of relationships increased, so did the number of conventions and taboos that could be "safely" violated through humorous comments. Conversely, as feelings of affiliation with another person diminished, the potential for sarcasm, ridicule and disparaging remarks about the other increased. Disparaging remarks presented as teasing and kidding within the group however could also be a reflection of acceptance, support and indirectly, the group's expectations for individual conduct. The less certain and more distant one's affiliation was with a group, the less likely one could either produce disparaging humor without offending group members or in turn, receive it without taking offence. Related to the observations about how group affiliation status appeared to influence both the quantity and quality of humorous experience were other reports about how the social status of individuals was yet another influence of humorous experience. Humor initiation behaviors here were observed to be related to social status and subsequently issues of power. For instance, in the public domain, those individuals with superior status in a group more frequently were the initators of humor while those of inferior status, the appreciators. However, those individuals of inferior status could just as easily initiate humor (quite possibly at the expense of their superiors) when in the company of those with whom they were equal. Those occasions where lower status individuals initiated humor in the presence of their superiors resulted from contextual changes which permitted such variation in humor

behaviors. A classic example is the public "roast" accorded to a well-respected superior for some momentous occasion in his or her life.

If and how humor was used within a particular social context was thus perceived as one way that interpersonal relationships could be characterized. For instance, when people in a group were able to laugh "with" each other because of shared characteristics and experiences (even if this involved their laughing "at" the expense of others) it was an indication of group cohesion and subsequent interpersonal well-being. It was interesting to me that while laughing "at" others had been previously defined as a negative or nontherapeutic form of humor and something to avoid, in terms of group cohesiveness, disparaging humor about unaffiliated others could work to strengthen intragroup bonds. Obviously, such humor contributed more to a competitive than a cooperative social order. However, whether it was personally or socially sanctioned depended upon the issue at stake and the position from which it was being judged. The effect of humor that drew attention to social inequities and oppressive, hegemonic practices by one group in society over another (or others) depended on the position from which it was perceived. Categorizing humorous experience as either therapeutic with positive effects or nontherapeutic with negative effects necessarily involved its being analysed as a socially embedded, contextual experience.

Humorous Experience as a Contextualized Phenomenon

Because so many explanations had been developed to account for the various dimensions of humorous phenomena, questions were raised about the futility in searching for a universal explanation about something so complex and context-dependent (Brodzinsky & Rightmeyer, 1980). Pollio (1983) argued that humorous experience had to be viewed as an embodied experience which, in order to be fully appreciated means having to "be there." In his view, meaningful study of any humorous experience required examining it as a figure - ground event where those

involved had to be viewed in terms of the complex ground provided by everyday reality and their "here-and-now" sense of the situation in relation to their historical experience with the "values, foibles, taboos, and mores of the social world" (Pollio, 1983, pp. 216 - 217).

From personal experience, such observations made a lot of sense to me. Who had not discovered how positively unhumorous a previously humorous incident could be in its re-telling, and recovered with a "Well, I guess you had to be there" analysis? The empirical implications of such "meaningful" study of humorous experience were complex, however, and for the most part only talked about. In spite of the arguments about the contextual nature of all humorous experience and the cautionary comments about the interpretive limitations of reductionistic examination, without the benefit of research endeavors that approached it as an interactional phenomenon, I was still very much oriented to reducing humorous experience to a 'this-leads-to-that' kind of exploration. It was in those relationships that I still hoped to find the answers to how a sense of humor might be more deliberately developed. (By this point I might add, my husband was hoping that I would as well.)

Its Experiential Roots

The importance of the "humor-for-health" movement and all the reading I had done about it came together one day when I was approached to become a "humor consultant" in the development of a "humor room" for the oncology care nursing staff at a city hospital. Plans for developing humor resources (eg. putting together a collection of comedy videos for patients to view) and experiences (eg. weekly humor events) for patients at the hospital were already underway. In order for the health promoting effects of humor to be most fully experienced by those patients though, it was suggested that a "do-as-I-do" as opposed to a "do-as-I-say" orientation by the nurses to the therapeutic use of humor was important. In other words, to be credible promoters of the therapeutic use of humor, it was believed that the nurses at this

hospital needed to view the use of humor as a matter of personal practice as much as a professional one.

I started by meeting with the nurses to explore how I might best proceed with the development of the humor resource room. It did not take long to discover that the demand for such a resource was less than unaminously felt, let alone a proposal about which they even knew. They strongly supported the continued development of humor resources for patients. Having similar resources developed for them was another matter altogether. Some were concerned about how and when such resources could be used. Other than during coffee and meal time breaks, few other options existed. Coming in early or staying after to make use of the facility held little appeal for anyone. Some were sensitive about the reactions that others would have to such a space being set aside, as one nurse said "just for the sake of giving the nurses a few laughs at work." To many the idea was not quite appropriate. What would the patients, some of them dying of cancer, and their families think about the nurses they saw entering or leaving a room so designated? What if their use of such resources was misinterpreted as an indication that they were insensitive to the seriousness of their patients needs? What would their colleagues think of those nurses who made use of such resources? Would they risk being judged as "goofing off"? How much would their use of such a room be monitored for the purpose of finding answers to questions like "Was the money for the project well spent?"

There were other reasons for their reservations. Some talked about the nearly sacred notion that "real" humor was spontaneous. To them, deliberately executed humor was too risky, mostly because of their fear of being inappropriate and hence, compromising the quality of their patient care and their being perceived as competent. One nurse announced "There's no way you're going to make me walk up and down the hallway dressed like a clown!" While this was one suggestion that had never been made (at least by me), it was nonetheless something associated with the notion of

making deliberate use of humor. Being perceived as an outsider hired to find ways to "make" them laugh, my motives for being there in the first place were suspect. And me? I was caught somewhere between feeling responsible for implementation of a specifically funded project and trying to keep it from being rejected by those for whom it was intended.

The futility of forcing the notion of deliberate humorous experience on others was all too apparent. However, with a feeling of "where there is a will, there is a way", I donned a uniform and spent several days working along side two nurses who were sympathetic to the notion about the therapeutic value of humor. Through spending more time with them and meeting with other nurses during the course of a working day, I hoped to discover how they thought the funds might be best used. This time I approached them with the idea that the money was a gift, as something to help them make their time at work as enjoyable as possible. During this time I was able to talk with many more nurses during breaks and on the wards and from those conversations I developed a list of ideas about how best to salvage the project. At a point when no more ideas were coming forth, I developed a survey and distributed copies of it to all members of the nursing staff asking them to let me know which ideas they preferred the most.

The most favored suggestion by far was the development and prominent display of a hospital humor bulletin board that could be read by patients and staff alike. Other popular choices included conducting lunch hour humor performances for any interested members of the hospital staff, developing a library of humor resources with take-home privileges and "smile" files for each nursing station, having a column devoted to humor in the already established nursing newsletter and presenting educational sessions for all hospital staff on the development of humor skills in life. Less popular but still acceptable ideas included conducting hospital-wide humor contests and forming a nurses humor support group. It was clear that the nurses who

responded to the survey preferred not to be the sole beneficiaries of the humor resource development funds. Because of this response, the project focus changed from the concentration of humorous resources in a particular place to expanding the opportunities for experiencing humor throughout the hospital setting and the routines of a working day.

With this change in direction, the previous pressure to carry out an unwanted project was now gone. I was becoming known about the hospital and could even expect to be acknowledged as "the humor lady" by those who outwardly supported the program. I wasn't particularly comfortable with the label (what if I couldn't live up to what it implied?) but from all my presentations and conversations with people throughout the hospital that's what they knew I was there for. To some, my program planning and implementation activities were still suspect I am sure. What were the underlying motives of such a program? What reasons might such a program be taken as an opportunity or an imposition? How much would the development of such a program disrupt well-established and in many cases, comfortable workloads, habits and spaces? It felt much like the scenario in a Calvin and Hobbes cartoon where Calvin concludes he was not having as much fun in his life as he thought he should. With determination, he runs off in search of it. Hobbes, his ever faithful companion runs alongside, exclaiming "I didn't realize fun was so much work." Calvin responds "Sure! When you're serious about having fun, it's not much fun at all."

There were many satisfying moments as the program of events took place when reactions were positive and support was strong. However, there were just as many anxiety-filled ones when participation rates were low or where the responses varied in terms of how successful a particular event had been. It was, on the whole, a rather humbling experience; what the more positive among us might call a "character building" experience. But more importantly, it also provided a possible research focus for the dissertation yet to be completed. From some of the very first

conversations with hospital staff, I learned that when it came to humor, there were people in the hospital who were by reputation humorous. While never explicitly stated by anyone, being so recognized had positive implications. In one way or another they were people whose humorous perspectives were valued enough by their peers to be identified. Not surprisingly, a few of these people happened to be nurses. It didn't take much to rouse my curiosity about these nurses. What were they like? What did they do that made others think they had a good sense of humor? How did they make use of humor in their nursing practice? Would they be able to describe it to me? What could be learned from them?

Determining the Research Focus and Methods

Dilemmas in Researching Humor

From my previous experiences with and reading about the nature of humorous experience, I knew I was curious about what, to many, was an elusive phenomenon. While no one theory fully explained all the facets of humorous experience, any attempt to define it in a particular manner inevitably limited what was perceived and subsequently measured as a reflection of that experience. To some, such problems stemmed from the examination of contrived experimental environment rather than naturally occurring humorous experience; that the meaningful examination of humor could only be done in the natural settings where it occurred. But even then the underlying importance of surprise and spontaneity to humorous experience had to be addressed. Becoming too thoughtful or too self-conscious about humor, no matter what the setting would inevitably influence it in one way or another. Robinson (1990), for example, observed how in making public her intentions to examine the role of humor in nursing practice situations, humorous interaction either disappeared altogether or artificially increased. Her presence alone was "often regarded as a joking matter and her following the subjects around provoked laughter" (Robinson, 1990, p. 6). Difficulties were even encountered in asking people to keep a record of the

humorous interactions they had in any one day because spontaneous, momentary banter and jocular talk was often "lost" unless immediately recorded; that in order to recall a humorous incident, it was "often difficult to remember the details, unless it was exceptionally funny" (Robinson, 1990, p. 6).

In spite of these problems associated with the examination of humorous experience, I was convinced that it was still important to continue the exploration process. What had been most thoroughly addressed in the nursing literature was the relationship between health and humor as a positive experience, most often referred to as therapeutic humor. To some extent the contextual nature of humorous experience and how it came about was acknowledged. For instance, it was recognized that the therapeutic application of humor in nursing practice was, among other things dependent upon the nurse first being positively oriented to humorous experience. Rather than adressing how such an orientation comes to be in the first place, discussions typically addressed how nurses (who were so oriented) might bring humorous experience into the nursing practice setting. The leap, however, from the therapeutic value of humorous experience as an important part of nursing practice to a list of suggestions regarding ways to make it happen oversimplified what is a complex, contextual phenomenon. Sumners (1990) was one of the few who recognized this. She argued that until more was known about the meaning of humor to nurses and how it was used in their practice setting, it was premature to advocate humorous intervention as a useful, let alone effective strategy for nursing practice.

Supported by Chenitz & Swanson's (1987) notion that a particular phenomenon can be best examined by going to those where the phenomenon is found to exist, it seemed to me that nurses who were known for their sense of humor were the most obvious people to approach with questions about humor in nursing. Much like Fry & Allen's (1976) attempt to better understand how professional humorists came to produce humor, I planned to begin my exploration by asking my "nurse

humorists" about the humorous moments in their nursing practice and the role they played in bringing such humorous response about. While Fry & Allen (1976) discovered not all professional humorists could explain how they were able to invent humor, others were quite aware of how they did it. Perhaps it would be the same for these nurses; that because their sense of humor was developed enough to be the basis for their reputation, they might be able to articulate what they knew about and did with it. Even knowing about the risk of experimenter effects, I hoped that once they knew and felt at ease with me, any findings could be further substantiated by observing them in action.

In clarifying the research question and theoretically determining who would most likely know the answer(s), the next step was more practically oriented. I had to find those nurses who by reputation made effective use of humor. According to Babad (1974), the most appropriate way to measure the effect of an individual's humor perception and production abilities as part of an overall social, interactive phenomenon was through a peer rating process. I was already aware of some likely candidates from my previous humor program planning experiences. However, to approach the process of identification more systematically and from as broad a base that could be managed at the time, I sent the following letter to each of the 189 nurses employed in full-time, part-time or casual nursing positions at the hospital:

> In recent years increasing attention has been given to the role that therapeutic humor plays in maintaining and restoring health. As a result, nurses as well as many other health care practitioners are being encouraged to take advantage of the therapeutic value of humor for both their own, as well as their patient's sake.
>
> While it is one thing to think that therapeutic humor can be deliberately practiced, it can be quite another to actually carry it out. As a nurse interested in how one might go about developing the ability to to deliberately practice humor, I am currently conducting a study which seeks to come to a better understanding about the meaning of therapeutic humor. As such, I would like to talk with nurses who are perceived as people who use humor effectively in the patient care setting. In order to find out who these nurses might be, I am asking all nurses who work at this institution to suggest the names of nurses

> from whom we might be able to learn about the effective use humor in nursing practice.
>
> Have you worked with a nurse at this institution whom you think makes effective use of humor in their practice? If you have, I would appreciate knowing who. You are welcome to submit your suggestion(s) on the form provided and return it to me in the enclosed self-addressed envelop. Thanks for your help.

There were both advantages and disadvantages to my having a history at the institution. Those who were sympathetic to the notion of the therapeutic use of humor and remembered me, may well have given me credit for not giving up; that at least this time I was trying to learn something from the experts within their own setting. Those who were uncomfortable with the idea of humor as a deliberate rather than spontaneous concept may have wished I would just leave well enough alone. Regardless of how I was perceived, I was hopeful of an enthusiastic response because in spite of anything I had done, the possession of a sense of humor, both in oneself and in others was an appealing notion all on its own.

Of those nurses who received the letter, 33 responded suggesting 32 different names at least once. Six of those names were identified eight or more times with the most frequently named nurse being identified 18 times. Four of the top six were nurses whom I already knew or who had been recommended as humorous people. While the nomination process thus confirmed previous information, it nonetheless favored nurses who were better known amongst their peers due to the length and nature of their employment status. For example, more recently employed nurses, those who worked part time, casual, permanent evening or night shifts or in settings which called for less contact with other nurses, might have been less well known amongst their peers and hence, less likely to have been nominated.

In spite of the limitations associated with the way the list of names was generated and the fact that it may have well been an incomplete tally, it was a place to start. I could now approach these nurses and tell them the results of the nomination process of which they were all aware. That was the easy part and I looked forward to

telling them as it felt as if they had won a contest of sorts. Who wouldn't appreciate being told that they were perceived by their peers as having a good sense of humor? However, because I needed them to agree to be a part of the study, I was anxious about that. I would be asking them to take time for interviews which I wished to tape record. As well I would be asking them to consider letting me spend time with them in the clinical setting in order to observe them (and their sense of humor) in practice. I thought their decisions would rest on whether they wanted to take the time to be in the study and possibly any impressions they had of me from my humor program planning days.

My mixed feelings were for good reason but not necessarily for those I had anticipated. Clearly each nurse was pleased in being so identified; that such personally unsolicited peer feedback was the best kind of evaluation one could receive. However, all except the most frequently identified nurse were surprised. While their peers thought they made effective use of humor, they themselves were less certain about their humor skills. One commented, "I don't really think of myself as being funny" and another claimed feeling some pressure that she would now have to "live up" to that reputation. Only one agreed without any hesitation to be interviewed when I first informed her. The remaining five (including the most frequently identified nurse) wanted to think about my request for their participation in my study and to take some time to read the Study Information and Consent forms (Appendix A) before deciding. All of them expressed uncertainty about the observation phase of the study plan. I wanted them to at least consider the interview and reassured them that any decisions about being observed could be made at a later point in time.

Of the five who took some time to think about it, one opted out, explaining in her telephone call to me that she "did not like the idea of being tape recorded" and was "worried about not knowing what to say". Neither did she like the idea of being

observed. She was apologetic and hoped that I would understand. I, of course was disappointed, the smallest reason not being that she was the second most frequently identified nurse from the nomination procedure. My immediate reaction was to try and convince her to change her mind; to tell her that there was nothing about which to be frightened and that we might even have some fun doing it! However, I said "That's O.K. I do understand" even though, if I could have been more honest with her, I did not. With those words said, her voice became more animated and warm as she told me yet again how difficult it would be for her to be interviewed and observed. I hung up the telephone and could not help but wonder about the relationship between her fear of being in my study and her having been so clearly recognized for her sense of humor by her peers. It felt as though I had lost an interesting, if not a valuable perspective about the meaning and role of humor in nursing practice.

With only one having immediately agreed to being part of my study and one opting out, I became concerned when none of the remaining four had contacted me by the time the "in a few days" timeline they said it would take them to decide had passed. I feared their not getting back to me signified a negative decision on their part. When I look back now and read the notes that I kept at the time, my worries were related to a number of concerns. A major one was my sense of imposing on their time to explore an area that was of interest to me. They had not asked to be identified, let alone the chance to talk about themselves as nurses who used humor effectively in their nursing practice. Maybe it was something they were not particularly interested in? What if the recent programming efforts to bring more humor into their institution turned them off? What if all the attention being paid to "making humor happen" was having just the opposite effect?

After a week, I eventually called them and to my relief, each said "Yes!" For the purposes of confidentiality they will be referred to from here on in by fictitious

names, even though I know at this point in my writing, that the preservation of anonymity in a study that explores and presents the accounts of individuals as told is not necessarily maintained merely by a change in name. Historical events that are a part of any one participant's account can identify an individual as easily as a name can. Nonetheless, I told each of my participants that they would be referred to by a fictitious name and to let me know if they had any preferences. No one did and so for one reason or another I called them Rose, Claire, Nel, Sam and Jan.

Both Rose and Claire were open to an initial interview the following week; Rose immediately after the end of a working day at the hospital and Claire on a day off at her home. It seemed like a good start and I decided to see how those interviews went before making plans to interview the remaining three. My previous attempts in exploring the memories of nurses about humorous experiences in their practice had been informal conversations with individuals who were my friends as much as informants. These nurses and I, on the other hand were essentially strangers to one another. When it came to exploring humorous experience, meeting them as the people where the phenomenon existed constituted, in my mind, *serious* research activity. With all my personal experiences and thoughts about humor as well as the reading I had done, I hoped that by asking these nurses to tell me about the humorous moments in their nursing practice and the role they thought they played in bringing those about, they would provide not only informative but interesting accounts as well. It did not take long to find out my approach was wrong.

The First Interview With Rose

Rose had asked me to come to the nursing unit where she was working. From there we were to find a quiet place somewhere in the hospital to talk. I was excited and nervous all at the same time as I walked up to the unit, expecting to find her waiting for me. She was nowhere in sight when I got there and neither of the nurses at the desk had seen her recently. I searched for her in some of the more obvious

places like the medication room, the utility rooms and the patient lounge area, feeling out of place as I wandered about with my tape recorder in hand. I felt conspicuous and uncomfortable as I began to wonder whether Rose had forgot about our meeting. My plan had been to quickly collect her and quietly slip away together, drawing little attention to my purposes for being there. I was about to leave a note when all of a sudden she burst out a patient's room and scurried up the hall towards me. Talking quickly, her hands moving about to emphasize her words, this mid-40's animated woman explained that a patient had arrived late and had to be admitted. She needed another half hour to complete her work and wondered if I could wait for her. I, of course said yes, relieved once again that she was still willing to go through with the interview. I went off to collect my thoughts and to think about this friendly, expressive woman. I already liked her and I looked forward to the hour or so that we would be spending together.

In less than a half hour she was done and together we went off in search of a room. Still apologetic for making me wait, she seemed both composed and energized at the same time. The hospital Board Room, a pleasant and comfortable room with the nicest furniture in the hospital was empty. In playful reference to all the other important meetings that went on this room, we came to an easy agreement that symbolically it was an appropriate space for us too. As I set up the tape recorder, I made fun of my poor memory stating that I needed all the help I could get at my age. Rose laughed and likewise made fun of herself, saying she was not so sure she had anything memorable to say. In the spirit of our banter, I settled into what I thought would be an open-ended type interview. My goal for the interview was to initially ask Rose to reminisce about the humorous experiences she had had as a nurse and at some point, to think about the part she had played in those experiences. If anything, I expected to respond to her talk more with appreciative comments than directive questions. I thought we could ease into her stories by first asking how she felt about

being nominated by her peers as someone who made effective use of humor. She replied:

> Oh, I guess when you sent that questionnaire to me I, you know, I certainly filled it out and mailed it back with the names of people that I thought should be on it and I guess, you know, whenever we manage to, some have, somehow through some experience (pause) Oh, I'm going to be all tongue-tied now. I won't be able to say a word. (pause) But I guess it's always nice to know how you are seen by other people, you know. But I wouldn't have been somebody who identified myself as that, in that way. And to have found out that other people did was like, oh, it was like, uh, it's information about yourself that you don't have ... As a matter of fact I don't, it wasn't even until you came to see me, you know, and told me "You've been identified by your colleagues" that I found, you know, that I even thought about it.

At that moment I realized that she was possibly even more nervous than I was. With the tape recorder quietly running along and the build up to this moment, she continued:

> I wasn't sure what you would want, you know, something (pause) You know, I didn't know what kinds of questions you might be asking. I tried to think of what it was that you would want, you know, maybe of some situation or something. Or that I was maybe the one thousandth person you've interviewed and this was going to be, you know, just one more interview along the way. And then when you said I was going to be the first person to be interviewed. It was like, oh my God, I can't believe she said that. Now I have to go down there and try to be funny and I know I'm not funny and here I was, all the way down here, I'm going "My gosh, I've worked all day, my feet are sore and now this and I forgot to do this and that and I'm running back, you know, to all this last minute stuff.

I felt a little breathless just listening to her. Clearly, as the researcher and the researched we were feeling the pressures that accompanied each role: me to ask the questions that would generate rich and detailed information and her to provide the answers that would confirm her reputation. In saying she did not perceive herself as others did, although appreciating being so viewed, she was also letting me know that she was uncertain about having any answers to the questions I might pose. I reassurred her that the last thing I intended was to put her on the spot. She said she was more embarrassed than anything because she knew so little about making effective use of humor.

Hoping to ease the situation, I joked about the tape recorder explaining that it belonged to my six and four year old sons; that this was nothing compared to what it had been through so far in its life. We enjoyed a little more humor at the tape recorder's expense. Then I tried again, asking Rose why she thought her peers had suggested her as someone who I should interview. In her opinion, it was not so much because she was a funny person but rather one who was even tempered. She claimed to enjoy being able to make people laugh. Nonetheless, it was difficult for her to think about it as a deliberate, conscious act. To her, that was something that professional comedians did.

Getting no where with that line of questioning, I told her what I wanted most to hear about were some of the humorous moments she recalled having as a nurse. She responded by talking about the importance of being in a really good mood and how much easier it was to be humorous with patients when another nurse was present:

> Sometimes it's, you know, your little group dynamic. It's more comfortable to do that because like my buddy and I, we use the buddy system, go into a room to make the bed and we can sort of kid back and forth and include the patient. Because we know each other, we can do that and then, and it's a way to get to know the patient better too.

Hoping that she might describe a particular scenario, I asked what kind of kidding might go on. She responded "Oh, we would always try to be appropriate." Still looking for a more detailed account, I asked if she could think of an example. One came to her mind:

> I remember one time this woman came in for a vaginal insertion and I know sometimes, you know, I'm just in the kind of mood where I, I think that maybe I'm a little irreverent about things, you know, that I don't hold things in the way that they are supposed to be held. I remember her husband was there. Just the two of them and she was really nervous and he wasn't so nervous. And we just, you know, pretty soon we had her laughing about everything that was happening. And, and, what did you ask about again? (Laughing) Oh, yeah. And she was just really uptight and really nervous and embarrassed about the whole thing. I can't explain it now, but just everything we did, we were just laughing, you know. I couldn't even tell you what we said. It was just that he was laughing, she was laughing and I was laughing. I

> mean, I remember being a little irreverent, you know. I remember we were making sexual jokes and everything. It was probably kind of sick but I couldn't even tell you what it was now. I try to be appropriate. I try to be appropriate but sometimes you move right to the edge, you know. I mean I'm probably glad you weren't there recording it!

The notes that I made in relation to this first interview reflect some of the frustrations I felt at this point. I was hoping for those rich, thick descriptions that are so important in qualitative research. But thus far that kind of detail seemed to be missing. I wanted her to tell me more exactly what she did and said in those humorous times. She was not puzzled by my questions as much as she just felt she did not know how to answer them. Scattered throughout the interview were responses like "I could never tell you how to make people laugh" or "I've never tried explaining why I do that" or "Maybe if I went away to think about it, I might be able to come up with an answer." She would often laugh at herself, making fun of how uninformative she was being. In retrospect, I am thankful that Rose stayed with me and my explicit line of questioning, perhaps believing as I did that because of her perceived expertise in using humor, she should also be able to explain it.

This first meeting lasted for about an hour and then we had to leave because people were beginning to arrive for a meeting in the Board Room. I turned the tape recorder off and we walked together as we left the hospital. In that walk I saw a more relaxed and animated Rose emerge again. While she had laughed easily during the interview, she had maintained a constant awareness of the tape recorder. She had even used it as a prop to poke a little fun at herself when she did not know how to answer one of my questions, leaning close to it and in a confiding whisper, say "I don't know the answer to this one. I pass." But now the formal part was over and we could both be ourselves again. As we walked, she told me a few things about herself, about her having lived in Big City, U.S.A. and briefly about going through a divorce. She had the sort of energy and openness about her that caused me to look forward to our next meeting.While less than what I hoped for had been revealed in

this first interview, I could not help but think how much better the second one would be. The ice was broken and we had laughed a lot. I wondered though, how much of that laughter had come about because of me. I was aware about my underlying desire to ensure, that in exploring this phenomenon of humor, it did not have to be destroyed along the way. Even more so, I wondered how much this examination of the humorous abilities of others was just as much one of mine.

The First Interview With Claire

A day later I made my way to Claire's home wondering if it would be any easier for her to talk about her experiences with humor as a nurse than it had been for Rose. She was the one who had immediately agreed to be in my study and I wondered whether this was a reflection of her interest and subsequent ability to discuss those experiences. When I arrived she welcomed me into her comfortable and warmly decorated apartment. The kettle on the stove was an indication that tea was on the way and the muffins on the table suggested that she had gone to the trouble to do some baking for us. At that moment, it seemed a far superior setting within which to carry out our interview than the more formal one afforded by the Board Room.

After looking out at the city skyline, spectacular from her fifteenth floor vantage point, we set up the tape recorder together, positioning and testing it. Claire seemed unbothered with the idea of our interview being taped which was a relief given the unnerving potential it semed to have for others. Once again I started by asking how she felt about being nominated by her peers as someone who used humor effectively. And as with Rose, Claire said she would never have nominated herself because she did not see herself as being "all that funny." She described though, who in her mind, those nurses were:

> I nominated Nel because, I mean she's craziest of all and yet she's a very caring person. That's what I like about her. She'll do anything and yet she's very skilled you know, she's very intelligent. I thought she would be the perfect person to be interviewed. And then, of course, there's Rose. We were classmates in nurse's training. So I know how crazy she can be too but

> not in the same way as Nel. I knew Kit (the nurse who opted out of being in my study) was nominated too because she told me. And like we all socialize together so I'm not so sure its related to the way we are with our patients as much as it is with us. You know? Like when we're with the patients and we're acting all crazy, it's because we know each other so well. And the patients, well they just wonder about us! But you know they're in on it when they give us that look, you know, like "Where else am I going to go and get taken care of? I guess I'll just have to put up with this!"

She rolled her eyes slightly as she said this and threw up her hands in mock despair, giving the impression that if you can't beat them, you might as well join them. I asked if they often got such looks from the patients. She laughed and replied "Sometimes. But we just think it's drug induced so we don't worry about it!" It was plain that these words, presented, with her face scrunched up in laughter, were not to be taken seriously. I laughed at the notion of some crazy acting nurses, traitors to the image of professional nursing behavior inviting their patients to join in with them. There was no doubt "that look" served to signal a conspiratorial involvement by patients who in turn became fair targets for being just as crazy as the nurses. Oh, we were off to a good start I thought! I could hardly wait to hear her tell me more about the details of such experience. What did they do? What did they say? I asked her to tell me about a time when this had happened. I was unprepared for her response:

> I don't think it's something that you can actually tell a story about. You like to go and relate to the people that you're taking care of because it is satisfying. At least it does me because I've already done everything that is technically challenging in my career. You know, I can do everything well 'cause I've done it for so long. Once you've mastered the technical part of nursing it seems as if any dodo could do it. So the challenge doesn't come from the technical side any more. You need a new challenge and so you think 'Well, I'm going to really try and relate to this person. I'm going to find out what this whole experience is like for them and I'm going to try and make it as nice as possible for them. Whatever it is that they have to deal with, I'm going to try and help them do it.' So you try to find out what sets them at ease and get to the side of them that makes them laugh. It might be just saying something pleasant and not necessarily anything that's hilarious. It isn't often that you just double over and laugh with your patients 'cause most of them are hurting you know. But if you are really able to relate to a patient, they are happy to see you and you do get a little smile from them. So I don't know if it's being humorous so much as it is a pleasantry, being pleasant and sensitive to their needs, you know.

While she was describing some of the underlying beliefs that guided her actions with patients, I was disappointed she felt unable to tell any stories about the humorous interactions she had had with patients. Not one to give up easily though, I asked if she could tell me about a time then where she felt she had been pleasant with a patient. Without hesitating she said:

> Well, there was this one lady who had a bone marrow transplant. She had to be in isolation and her doctor told her "You know, you're going to have to get some ambiance in this room if you're going to be stuck in here for two weeks!" Well, she told me that and I think because she's my age we seem to have a nice relationship, nurse-patient, you know. So she kept saying something about being an old bat and I said "Well, no, you can't be because if you are than I am one too!" She laughed when I said that and we just felt a little more familiar with each other, like we were more the same than different. So then she went ahead and cut out all these really nice pictures from magazines and put them around the room. Like she put a butterfly on the window. It looked really nice and then without realizing it, she put a picture of a cow over the suction equipment. Well when I came in and saw that I just started to laugh and then she realized why and we were both laughing about what kind of ambiance she was trying to create. I was with her one morning when she accidentally dumped everything all over the bed. So I had to change the bed but the sheet just didn't seem to fit. I put it on one end and it would fly off the other end. Her bed was by the wall so not wanting to move it all over the place I tried kneeling on it while pulling the sheet first one way and then another. It just kept bouncing up and down like it had a mind of its own and pretty soon we were in hysterics. It was funny 'cause she was in a good mood. She had just had a really good sleep and I was just finishing a 12 hour night shift so I was probably a little giddy myself. Anyway by the time I was through we were both nearly peeing our pants. No kidding. It was so funny at the time, honestly. But to tell it now, it doesn't sound all that funny.

While I had listened intently, she was right. It was a case, at least for this particular incident where you just had to be there to get to that point of "nearly peeing your pants." While I was smiling as she told the story, I regretted not feeling the urge to laugh when she came to the end. How would my response be interpreted? My notes from this interview reflected my concerns about what effect my responses were having on what I was being told. As in my meeting with Rose, I was aware not only of these historical accounts of humorous experience but also how such experience was manifesting itself during our interview. With the moment appropriate for laughing gone, I went on in my analytical mode, explaining how I wanted to learn as

much about her and how she experienced humor in her nursing practice as possible. Taking my analytical cue, Claire began to describe what she thought was basic to being able to use humor in nursing practice. She reflected about the importance of feeling secure in a situation and working with people who got along well together. She referred again to the fact that she did not know if she used humor as much as doing what ever it took "to make everything as nice as possible" for her patients. I was intrigued with this reference to making things nice, thinking about her earlier reference to the importance of pleasantries rather than humor in nursing care.

I did not ask for an example of what she meant by being nice. I did ask for one however, when she spoke about being "quite uninhibited" and doing crazy things that could make people laugh. I chuckled as I asked her to tell me about a time when she had been so uninhibited, hoping to let her know that this time I was so ready to laugh I would start before she even began the story. Her response surprised me. "You keep doing this to me all the time! Examples, you know, it's so hard for me to think of some!" she said. While saying this, she crossed her eyes in a way that I had never seen anyone cross their eyes before. It was both a humorous and perplexing moment for me. Was it my way of questioning or was it her inability to remember any specific humorous incidents or was it the nature of humorous experience itself that was the problem? In complimenting her about having such acrobatic eyes, it occurred to me that while unable to tell me an example of a crazy, uninhibited behavior, what I had just observed was a perfect demonstration of one.

I was beginning to doubt the wisdom of such an open exploration of humorous experience. I was already less successful than what Robinson (1990) had claimed to be. At least she reported people being able to remember exceptionally humorous incidents. I comforted myself with thoughts about this being our first meeting and a time which, in getting to know each other, might lead to richer accounts at a later point in time. In having met Claire, I was impressed with how

under her composed exterior there lurked a mischievious spirit. As a result of this particular meeting, I knew one thing for sure. Someday I wanted to be able to cross my eyes just like her!

A Final Twist That Helped Refine the Research Question

Within the next day or so I was back at the hospital to make an appointment for an interview with Nel. As the nurse who was most widely known for her sense of humor throughout the hospital, I was looking forward to talking with her. I stopped to see a former nursing colleague who had been a major support to me during my humor programming days. She asked how my study was progressing, indicating that she had nominated Rose. Without thinking, I commented that a lot of others had agreed with her. I told her how fortunate I felt to have someone like Rose contribute her time and effort to my study and we both came to the agreement that she was an exceptional nurse. I pensively wondered whether there might not be a connection between Rose being an exceptional nurse and her ability to make effective use of humor. My colleague responded "Yeah, you just might be on to something!" Bouyed by her reaction, I left to make an appointment with Nel.

The next day I received a telephone call from the director of nursing research at the hospital. My initial curiosity as to the reason for her call quickly turned to shock. My study was being suspended due to concerns of my having breached the rule of confidentiality, a basic premise of all ethical research. I was not to conduct any further interviews until the extent of the ethical damage was further investigated. It was a devastating moment. Thoughts of having to give up all the time and effort that had gone into my research endeavor thus far and to start all over somewhere else were unbearable. Not knowing what the problem was, I asked what was wrong. I was told that no more could be said to me at that point in time. The only thing that came to my mind was my conversation with my nursing colleague from the day before. Hoping to at least be allowed to present my version of whatever might

constitute unethical conduct, I explained the previous day's scenario. I was informed that this indeed was the incident about which there was concern and obviously an example of my having failed to make the transition from working as a collaborative consultant to being an ethically astute researcher in the same insitution.

The two days it took for the incident to be investigated was the closest I have ever come to living in suspended time, a time when it seemed as if my fate was in the hands of more powerful others. I hoped that it would ultimately be recognized how mine was more an error of inexperience than devious intention. When the second telephone call came it was with hollow relief that I received the news that I was given permission to recommence the study; that in spite of having "disclosed the name of a research participant and information obtained from an interview to another employee at the institution, the actual study was still deemed to be defensible." I was warned that if any breaches of a similar nature occurred, access to the study participants would be immediately withdrawn.

While the reasons for upholding the principle of confidentiality in any research done throughout the institution were clear to me, it was with confusion that I now considered the nature of my research endeavor within that particular context. My study participants had been secured through a public nomination process because of the reputation they had in that particular public setting. From the moment I informed them about the nomination results, I was aware that my being seen in public with any of them (especially when meeting them with a tape recorder under my arm) could be construed as a form of disclosing who was participating in my study. The issue of sharing information about a study participant was more complicated. Because of the previous role I had played in this culture, I had an established pattern of relationships with others who worked there. While I had engaged in a discussion about Rose and her exceptional nature, it had been done in the spirit of collaboration with someone whose opinion I respected. I had learned one lesson about what and with whom it

was appropriate to discuss any notions I might be developing as a researcher. I felt less certain about my ability to manage a mistake-free future in an environment where I had little say in how those mistakes might come to be defined.

With these thoughts, I reconsidered the match between the initial research questions I had established and the methods by which to search for the answers. My original intent was to explore, by interviewing and observing, the nature of humorous experience in oncological nursing practice and how it came about from the perspective of nurses with the reputation of being able to use humor effectively. The direct approach I had taken in the first two interviews with Rose and Claire had been less than satisfying for me and quite possibly for them as well. It was much like Connelly & Clandinin's (1985, p.182) observation about the differences between practical and theoretical modes of knowing where the theoretician's aim is to "celebrate the mode of knowing; ... and recount the shades of meaning reflecting from its multiple faces" and the practicitioner's, to use those modes of knowing, keeping them out of sight. While I had asked for their accounts of humorous experience in nursing practice, I had done it with a theoretical orientation that formalized and consequently stifled what to them was a practical mode of knowing.

The challenge then was to find a way to reach this mode of practical knowing. Observation seemed less suitable than ever, given all the complexities of the current situation. Influenced by Connelly & Clandinin's (1985, p.183) notion that "personal practical knowledge is experiential, embodied, and reconstructed out of the narratives of a user's life", I wondered if the solution lay in asking my participants to tell me stories about themselves and their lives in general. I was still interested in their ability to bring about humorous experience but in altering the exploratory question to "Tell me about yourself", they would be less pressured to speak about humorous experience as though it was something separate from who they were. Minimally their stories could be compared with what had already been reported in the literature

regarding the characteristics and social histories of individuals with well developed humor perception and production abilities. At best, submerged within their stories might be the modes of knowing that, in one way or another related to their ability to make effective use of humor.

This new line of questioning was not a case of starting all over again. Rather, it was one of several options available to me in relation to the evolution of events that in one way or another would have an impact on the kind of research that could best be done at that point. My advisor's words about the changing nature of qualitative research were a comfort to me at the time. With revised Study Information (Appendix B) and Consent forms, I went back to my participants to explain the new direction my research was taking and to seek their renewed consent for continued participation in the study. My introduction to the ethical dilemmas in qualitative research had been powerful. While this final twist was far from being comical, it was what gave shape to both the kind of data that I ultimately collected about nurses who by reputation effectively used humor and how I came to analyse them.

Chapter 3

STORIES ABOUT ONE'S SELF: IMPLICATIONS FOR DATA COLLECTION AND ANALYSIS

Redirecting my exploration from a "how do you use humor in your nursing practice" to a "tell me about yourself" focus had both conceptual and methodological implications for the research process yet to be conducted. As I entered this world of how people talk about themselves, my inclination was to look for clues about what made these women unique and how that in turn was related to their humor abilities. I wanted to know what made them "tick." Would their autobiographical stories show they were confident, secure individuals with a high regard for others? Would their recollections include having had significant people in their past who modelled humorous response? Would their childhood memories be happy ones of a significant parental relationship, particularly their father? Would they present themselves as individuals who were extroverted, assertive or aggressive? Would they be women who made other people laugh by underplaying their femininity? While neither Rose nor Claire claimed to perceive herself as someone who was "funny", would their descriptions about their life experiences suggest otherwise?

All these questions and more were milling about in my mind as I anticipated the stories these nurses would tell about themselves. The nature of these questions and the way I was thinking suggested I was working from a traditional conception of self at this point in time. This conception changed however as I became more knowledgeable about narrative-oriented inquiry and how it differed from traditional approaches to research. The following is a review of the literature that facilitated this transition.

Initial Perception of Self as Autonomous and Stable

Self from a traditional perspective was thought to be a coherent, whole entity that could be discovered, measured and described. According to Potter & Wetherell

(1987), this traditional image of self was developed by three theoretical orientations, none of which were adequate explanations on their own. One was trait theory, where self was perceived in terms of personality traits, abilities and attributes that were either constitutionally inherent or the result of social experience. Role theory as another approach, explained self as a socially manufactured construct that developed as a result of the various roles assumed by individuals dictated by the social context in which they lived. The humanistic romantic perspective as the third approach, recognized that behind every socially responsive self was an underlying sense of control and agency guiding the performance.

Such notions of self were largely mechanistic arising from a cause and effect approach to making sense of the world and the experiences of human beings within it. The adequacy of this mechanistic orientation as a means by which to understand human conduct was increasingly being questioned however. One notion basic to mechanistic inquiry was the belief in universal law or explanation: if exploration was carried out carefully and deeply enough, foundational cause and effect relationships of the phenomenon under study could be discovered. Careful exploration involved the elimination of all extraneous variables that might serve to hide the essential nature of whatever was being studied. From this perspective, the more that was held constant in terms of time and context, the more likely that pure space where foundational, aboriginal, obdurate truth existed would be discovered (Polkinghorne, 1988).

Contextual Influences on Self Conception

Exploring human experience as an atemporal, decontextualized phenomenon was problematic to many. Given the "multilayered, hermeneutically organized and abundantly meaningful" nature of human experience, Polkinghorne argued that when reduced to a "present-centred, universal abstraction" one is left with "a representation of time that is extemely thin compared to the thick and varied appearance of time in

human experience" (1988, p.126). While time conceived as momentary or as a series of moments might be sufficient for describing when something happened or how long an event lasted, it failed to take into account that the present could be as much oriented to the moment on hand as it was to moments past and moments yet to be (Polkinghorne, 1988).

From a contextualistic perspective then, meaning was embedded in the transitory, historical situation, with every event a distinctive one because of the unique set of general and specific circumstances that both constituted and surrounded it. Those circumstances in turn were continuously interacting, entering and becoming a part of each other. Where mechanistic inquiry looked for order and stability as a way to view the world, contextualistic inquiry looked for change and variation as evidence of continually evolving, embedded processes. A mechanistic search for universal truth was countered by the contextualistic view that knowledge was "perennially conceptual and conjectural" (Rosnow & Georgoudi,1986, p. 4). Because "the very integration of the conditions of one event (inevitably altered) the context for any future event", any search for timeless objectivity was futile, making the quest for ultimate knowledge "inherently tragic" (Sarbin, 1986, p. 7).

Such challenges to the mechanistic conception of certainty were alarming to those who thought the alternative to absolute truth was rampant relativism, nihilism and anarchy. Such "foundational compulsions" (Lather, 1992) and "craving for certainty" (Shotter, 1992) arose out of what some believed to be an attitude suggesting if it was not possible to know everything, then it was not possible to know anything (Lather, 1992). From a contextualistic orientation to truth Shotter (1992) argued otherwise, suggesting that truth depended upon objective and subjective claims, both which were "moments" in a continuous back-and-forth process between perception of experience and how that perception was described. While the facts of any particular experience made certain descriptions possible,

Shotter (1992) claimed it was equally true "that what we take the nature of the world to be depends upon our ways of talking about it" (p. 62).

Similarly, Bruner (1986) claimed that human beings made sense of experience by two distinctive but equally valid forms of cognitive functioning: the paradigmatic mode and the narrative mode of knowing. While the paradigmatic focus on the development of abstract explanatory systems necessarily "washed away the stories" (Bruner, 1986, p. 13), the narrative mode that incorporated the temporal, contextual nature of experience was "storied" knowledge. Bruner (1986) claimed that while narrative was the least understood of the two, it was clear there was "no other way of describing *lived* time" except through narrative modes of knowing (Bruner, 1987, p. 12). Polkinghorne (1988) agreed, suggesting the temporal features of human experience were found in "narrative production" (p. 127). Narrative served to order human temporal experience on three distinctive levels: one was the present day-to-day occupation of accomplishing things by a certain time based on which aspects of life experience were designated as significant; the second was the experience of time in the past as one's own history; and, the third was the awareness of time where one's existence had a beginning and an end, marked off by the "nothingness from which we came and into which we will disappear" (Polkinghorne, 1988, p. 130). Narrative then was an expression of one's actions and one's personal involvement with the world.

The incorporation of changing historical circumstances in meaning-making activities however complicated the notion of meaning and what was true. As Polkinghorne (1988) explained, actions implied certain ends in that they were carried out to accomplish something. But with all the varied motives on which actions could be based, the narrative mode of knowing made possible varying versions, hypotheses and expected scenarios from which experience was made comprehensible. Because of the position from which narrative knowledge originated, it was never value free.

Behind every narrative was a narrator who, in the act of imposing structure and meaning upon experience, had made decisions about what to tell and what to leave out. Such *narrative smoothing* ultimately reflected the perspective, purposes, biases, interests, moral posture and the identity that the narrator, more or less consciously, wished to protect, defend and promote (Sarbin, 1986).

It was argued then that the narrative mode of knowing lead "to conclusions not about certainties in an aboriginal world but about the varying perspectives that can be constructed to make experience comprehensible" (Bruner, 1986, p. 37). Such "world making" was, in Bruner's (1987, p. 11) opinion, as much a part of scientific explanations as of those found in everyday life. While such constructivist notions of truth were unsettling to many, those who supported them believed that "in a world marked by the elusiveness with which it greets our efforts to know it" (Lather, 1992, p. 98), a more hesitant and partial scholarship capable of helping us tell a better story was ultimately more tolerable than any one perspective that claimed to know *the* way to *the* truth.

Narrative: What Makes It "Valid"?

To Bruner (1987), the stories or the narrative accounts that people provided about their life experiences were interpretive achievements. However, because of the reflexive nature of such accounting where the narrator and the central figure were the same, problems of verification and indeterminacy arose. How was one to know if the narrator's account was accurate? Which events had been included and which ones had been omitted from the account? How much detail was provided about each selected event? Did the meaning of one set of recollected events in a narrative account make it more or less accurate than another? From whose perspective were such decisions made?

Meaning as a Process of Negotiation

Bruner (1987) argued that criteria for the "rightness" of a narrative account were imposed on a self-report of a life and that clearly "not just any biography" would do, "either for it's teller or for his listener" (p. 14). Whether in its telling or receiving, the *narratory principle* (Sarbin, 1986) embraced the notion that minds were "constantly engaged in a process of building models of the causal structure of events" related to a "mix of individual and cultural expectations" (Carter, 1993, p. 7); a process that was dependent on the capacity for human beings to use language (Polkinghorne, 1988). Language however was not a "transparent tool" that reflected reality but rather a "distorting screen" that projected experience on the interpretation of reality (Polkinghorne, 1988, p. 26). As a flexible linguistic structure generated by "historical, contingent acts of speech", language enabled individuals to find meaning in the reality of personal experience through speech that presented itself as adequate (Polkinghorne, 1988, p. 29).

To be adequate, such interpretation included the "incarnate and the temporal dimensions" of experience (Polkinghorne, 1988, p. 30) and necessarily involved a process of negotiated meaning, reciprocally undertaken by those who share the same linguistic community. Through such interaction, people both constructed and were constructed by normal or "canonical" states of the human condition (Bruner, 1990, p. 67). Thus, by virtue of their participation in culture, human beings depended upon shared meanings, concepts and modes of discourse in order to negotiate the personal differences in the interpretation of experience. As much as anything, a "right story" was one where the individual's actions were seen as an "extension of the canonical, transformed by mitigating circumstances" (Bruner, 1990, p. 87). Unlike a theory, then, where evidence was judged either right or wrong, narrative, with its open and variant meanings was a means by which to mediate the "canonical world of culture and the more idiosyncratic world of beliefs, desires and hopes" (Bruner, 1990, p.

52). Ultimately, human actions articulated via publically understood narrative forms were evaluated as good or bad in relation to what has been deemed communally significant (Polkinghorne, 1988). In order to understand each other then, the "tellers and listeners" of narrative accounts must share similar notions about how life experience can be structured (Bruner, 1987).

Coherency and Narrative Structure

Bruner (1987) suggested that one source for narrative structure was the breach of some cultural legitimacy i.e., a canonical state, followed by a crisis which in turn is redressed by the individual(s) affected in order to re-establish the previous legitimate order or create a new one. The breach, crisis and redress pattern necessarily implicated some goal or valued endpoint around which the events accounted for were ordered so they demonstrated "first, a connectedness or coherence, and second, a sense of movement or direction through time" (p. 25). Given the "chronological reality that all events have happened", it was the valued endpoint of a narrative account that furnished the grounds for understanding the "nonchronological reality" of which events were more or less significant in rendering the valued endpoint more or less probable (Polkinghorne, 1988, p. 131).

If the events of a successful narrative were sequenced according to how they contributed to the achievement of a particular goal state, three prototypical or primitive narrative forms resulted: "those in which progress toward the goal is enhanced, those in which it is impeded, and those in which no change occurs" (Gergen & Gergen, 1986, p. 27). As fundamental options then for the direction of movement within a particular evaluative space, Gergen & Gergen (1986) argued that these progressive, regressive and stability lines formed the rudimentary bases for the way in which narratives were structured. In spite of the potential for an infinite number of ways in which these rudimentary forms might be combined, they claimed that for reasons of social utility, aesthetic desirability and cognitive capability, the repertoire of

possibilities in any culture are limited. Within Western culture for example, the narrative structures most commonly recognized as ways for making life experience sensible and hence, the ones that governed the telling of stories included the happily-ever-after, comedy-melodramatic, romantic, tragic, and ironic storylines (Gergen & Gergen, 1986; Murray, 1989).

The happily-ever-after storyline, common to fairytales, starts with a negatively evaluated set of events that progressively move towards some valued goal state and when reaching that point continues on as a stability narrative line. As a common theme in fairy tales and the "myth adopted in traditional courtship" (Gergen & Gergen, 1986, p. 28), it was not generally accepted as the narrative structure by which to make sense of more ordinary life experiences which seldom follow such an idealized form.

A comedy-melodrama begins with a canonical set of events and individuals managing both what is socially expected of them as well as their personal aspirations and desires. Due to obstacles of one sort or another, the differences between what is personally desired and what is socially condoned are eventually manifested as a deviation i.e., a breach in what would normally be expected to happen. The resulting crisis is managed as a release in the course of sociality, adventure, festivity and escape of some sort or another, always ending with the restoration of the previous social order, now a healthier, happier one. In Murray's (1989) opinion, comedy involved the "victory of youth and desire over age and death" (p. 181) with the ultimate re-establishment of the normal social order, inevitably giving "meaning to the events by reference to a superordinate moral and social order" (p. 198).

Gergen & Gergen (1986) described the romantic saga as a series of progressive-regressive phases where any deviation from the normal course of expected life events resulted in a crisis that was managed by battle. With this image of the battle in mind, romantic narrative structures always involved the sense of

struggle, typically in the form of a crucial test between the protagonist and clearly identifiable forces that were good and bad. For example, Murray (1989) described the classic romantic structuring of a life as one with happy beginnings and dreams of future achievement. Upon venturing forth into the world however, the limits placed on individual experience are discovered and the dream is unrealized. With the loss of one's dream, the individual is faced with a crisis and a struggle to overcome the disillusionment of the reality of life. The successful resolution of the battle depended upon the individual's commitment to those forces that were good and rejection of those that were evil. As with the successful resolution of crisis in a comedy, a romantic narrative that ended with the victory of good over evil revealed how the moral relations between the social world and the individuals within it were structured.

The remaining two represented the fate of those who, while part of the social order, were "caught in a contradiction" that required them to transgress certain social norms (Murray, 1989, p. 199). In so doing however, they became martyrs or fools, thus marking the boundaries of social tolerance. A tragedy was the rapid regression of a progressive line, showing how a once noble, seemingly honorable protagonist failed to conquer those forces against which she or he was faced. Irony represented the discovery that all the other narrative structures used by humans for making life experience sensible were mere schemes of mortals to control experience that could never be controlled. Addressing the human condition as one that failed to live up to the expectations contained in the way it was socially presented, ironical narrative structures suggested that neither people nor the social order in which they lived were so pure or healthy so as to ensure that goodness would necessarily prevail over evil.

It was not presumed that such narrative structures, described as more schematical than traditional literary constructs, represented "the *real* state of affairs" of the world but rather served as a means by which to "structure the social world according to certain moral relations between society and the individual, the past and

the future, and theory and experience" (Murray, 1989, p. 182). As Sarbin (1986, p. 5) observed, it was through stories that individuals learned about the "drama" into which they had been born and the subsequent ways of the world, much like how Coward & Ellis described the individual at birth as being "always already subject-ed to the structure into which he or she is born" (Sampson, 1989, p. 6). It was thus argued that the perception and meaning of life experience was regulated as much by cultural, interpersonal and linguistic influences as it was by personal interests, needs and intentions. The individual's need to be understood by others as well as the pressure to be "accountable and intelligible" to others sustained and gave power to "certain communal organization of self-experience" (Potter & Wetherell, 1987, p. 106). These emergent sets of rules and resources in turn both enabled and constrained thinking, providing structures for a "range of possible statement forms for identification of self and others in the lifeworld" (Brown, 1994, p.270). To Gergen (1988), it was through the narrative act of "embedding one's actions within one or more of these forms" that one's actions became meaningful, belonging to a person with a "certain past, heading in a certain direction, and with a future that would in one way or another represent an extension of this past" (p. 96).

Images of the Narrated Self

Having reviewed this literature, I was sentisized to the issues surrounding the collection of autobiographical data from my study participants. Self-narratives were "better viewed not as a record of what happened ... but rather as a continuing interpretation and reinterpretation of one's life experiences" (Bruner, 1987, p. 12), as a means by which to show the "relationship among self-relevant events across time" (Gergen & Gergen, 1987, p. 124). Polkinghorne (1988) agreed, suggesting that like being in the middle of an unfolding story not knowing how it will end, the self was not a static thing but rather a "configuring of personal events into a historical unity" and constantly engaged in "having to revise the plot" as new events were

added (p. 150). Because self-narratives had to conform to the forms of understanding employed within the culture at large in order to make sense to others, they were "preeminently social" (Gergen & Gergen, 1987, p. 125). As such, self-narratives did not reflect enduring psychological dispositions of individuals as much as the means by which to carry out relationships with others.

From this discursive perspective, there was no one *true* self, autonomous and forever consistent (Gergen, 1988) but rather, a multidimentional one (Sampson, 1989); what Gergen (1991) described as self-in-relation. Similarily, Brown (1994) suggested it is "naive to presuppose a *true* identity behind self" (p. 271). However, given that outside all the theoretical notions of self, real people continue to actively consolidate and transform "their sense of themselves as if it really mattered", Brown (1994) also argued it is unacceptable "to deny that persons struggle with the hermeneutic problem of their selves" (p. 271). With such ongoing reflexive interpretation most centrally accomplished through narration, Brown (1994) has suggested that self be viewed as a symbol which bridges the individual's "experience of different aspects of social reality" and enables their "meaningful integration" into a personal sense of life experience (p. 277).

Similar notions about the narrative constructions of self were provided by Harré & Gillett (1994). In their opinion, self depended upon the sense of place an individual occupied both in terms of the physical space the individual filled in a moment of unfolding time as well as the social place or network of mutual obligations and commitments to others within which the individual was situated. From this perspective, self was more like a "referential grid" always in the process of being constructed (Murray, 1989, p. 179) and one that was dependent upon the appropriation of abstractions about experience from the social world into the temporal and contextual world of personal thought and action. In other words, no construction of self was ever a static event to be determined once and for all or at any particular

place and time in one's life but rather, a process involving potential changes with every personal interaction an individual had in a social world. In turn, identity or the sense of self was found in the "metaphoric relations" between social and personal interpretation of experience (Murray, 1989, p. 179). In making these relations public, the realization of personal experience was carried back into the social realm of meaning.

Self as a social identity project then meant finding an honoured place in the social order. Because of the obligations and commitments to others associated with this place, social identity gave social and moral significance to an individual's life. While it seemed paradoxical that social meaning was essential for developing a sense of self, the paradox was resolved in the way that social meaning was personally lived. In other words, personal experience interpreted in terms of time and space provided a source of resistance to social meanings arising out of the social order and hence was the basis from which self as a personal identity project evolved. The "place for point of view" was as important to a sense of self as was the social context within which it was embedded (Murray, 1989, p. 180). Where the "relevance of point of view" was denied by paradigmatic explanations of self, a narrative sense of self was always concerned with making sense of experience as it was uniquely perceived and ultimately, finding the "*point* to a series of events" (Murray, 1989, p. 181). Narrative thus functioned to mediate the personal and social differences in the way experience was perceived and interpreted.

The Functions of Narrative

Because a discursive model of self shifted the focus of inquiry from questions like "What is the true nature of self?" to ones like "What functions do self-narratives serve?", Florio-Ruane (1991) claimed that

> more than anything, language is an activity motivated by users' needs to make things known in particular ways for particular purposes and to establish and maintain common understandings with other conversants; the form of a

> particular text is always determined as much by the conversationalists' need to function in these situations as it is by whatever it is they wish to describe. (p. 244)

Wetherell & Potter (1988, p. 169) had reached a similar conclusion from their observations about how the discourse used by people depended upon the "local and broader discursive systems" in which their utterances were embedded. They subsequently argued that language performed a function for those using it rather than reflecting some reality external to the system in which it was being used. In a local discursive context, people relied upon discourse for its performative consequences. For instance, individuals could do things like explain, justify, order, request, persuade, excuse, accuse and blame with their discourse. The discourse generated in any interaction was in turn related to "the various projects or purposes" toward which the individuals were oriented and hence was variable (Gergen & Gergen, 1987, p. 126). As Wetherell & Potter (1988) pointed out,

> depending upon the situation and the needs of the moment, our discourse about a person, an event, a social group may be described in many different ways as function changes from excusing, for example, to blaming or from formulating a positive evaluation to constructing a negative one. (p. 171)

In other words, because of the temporal, contextual nature of human experience, it was normal for speakers to give "shifting, inconsistent and varied pictures of their social worlds", not necessarily with "Machiavellian" intent but because of what was "right" for the situation (Wetherell & Potter, 1988, p. 171). Discourse was generated according to the perceived demands of the situation in which individuals were situated.

The broader purpose of discourse was related to the ideological effects in terms of how it functioned to legitimize the power of one group in a society over another. For instance, Potter & Wetherell (1987) suggested that certain constructions of self survived because of the social functions they served in maintaining a particular kind of society. Gergen (1988) suggested the reason for the dominance of some self-constructions over others was in part related to an individual's desire to have his or

her interpretation of events prevail over competing versions and the generation of discourse that maximized his or her warrant to be heard. A successful warranting process depended on claims that appeared to be "reasonable and justifiable" to others receiving them, which in turn related to the individual's ability "to present different kinds of the self appropriately" (Potter & Wetherell 1987, p. 108). This sensitivity to doing or saying what was appropriate to the situation in turn served to maintain particular patterns of behavior within a group, who was dominant, who was subordinate and how, where and when such patterns were manifested. As Potter & Wetherell (1987) pointed out:

> the methods of conceptualizing the self involved in different linguistic practices have vital consequences for the positioning of people in society; they are not neutral or without impact, they produce senses of self which may be negative, destructive, oppressive as well as senses of self which might change and liberate. (p.104)

As mediated products of a certain kind of society, it was argued that even though individuals, in acting as in speaking served to reproduce that society, they also had the potential to "transform themselves by transforming the structures by which they (were) formed" (Sampson, 1989, p. 6).

Inquiry that was oriented to meaning as an atemporal, decontextualized reality reduced complex phenomena into prototypical categories eliminating what was variable in the search for what was foundational to the phenomenon under study. To Potter & Wetherell (1987), the amount of manipulation required to make variations fit, however, was as much an achievement of the researcher as proof of having discovered the essence of the phenomenon being studied. When it came to language and the way it was used to bring about different personal and social ends, variation was to be expected as the "residue" of social practices (Potter & Wetherell, 1987, p. 122). Because such variability was so pervasive, they argued that human conduct could never be adequately understood through the single process of categorization. Instead, they claimed it was as crucial to analyse the variation in narrative acounts as

much as it was to look for what was consistent about them. As a consequence of the functions performed by language, Potter & Wetherell (1987) argued variation in narrative accounts provide "an analytical clue" to the function being served by a "particular stretch of discourse" (p.171).

Because of the patterns in the overall generation of that discourse, regularity was not ruled out. With the analytical focus on the discourse itself, how it was organized and what it was doing, "orderliness in discourse (was) viewed as a product of the orderly functions" to which the discourse had been put (Potter & Wetherell, 1987, p. 49). Where mechanistic categorization processes were used to explain human conduct in terms of consistent, underlying attitudes and dispositions, the patterns found in discourse were perceived as the "interpretive repertoires" from which people drew in order to accomplish certain goals (Potter & Wetherell, 1987). From the perspective of a discourse analyst, categories were not so much a static exemplar of some enduring consistency as much as a cluster of features and expectations. Categorization was important but not for the same reasons as with traditional analysis. Categories were "building blocks" from which to construct the "versions of the collectivities in which we live"; blocks that were not "solid and defined" but ones that could be moulded for various purposes and projects (Potter & Wetherell, 1987, p. 137).

In recognizing that the unique features of indivual life experience were just as natural to social life as were the prototypical, Potter & Wetherell (1987) argued that the discourse generated by individuals in their situational interactions with one another be analysed according to the functions it served. Accepting their philosophical position, I turned to some of the more practical concerns regarding how such an inquiry and analysis could be carried out.

Discourse Analysis: Implications for Collecting and Analysing Data

Research Question, Sample Size and Interviews

Because of the many forms of discourse and the fact that the functions served by discourse were the analytical point of interest, the questions asked by discourse analysts could be many and varied. Furthermore, small samples and few interviews were viewed as adequate for investigating an important range of phenomena because a large number of linguistic patterns could be generated by a few people. In other words, the success of a study of discourse was "*not* the least dependent on sample size" (Potter & Wetherell, 1987, p. 161). Rather, the value or generalizability of results depended on "the reader assessing the importance and interest of the effect described" and whether it had vital consequences for the area of social life from which it emerged (Potter & Wetherell, 1987, p. 161).

Where the goal of traditional research interviews was to obtain and look for consistency in participants' responses, discourse research interviews were more concerned with allowing for, rather than restricting the diversity of participants' accounts. Formal procedures that inhibited variation in responses then were undesirable. While it was acceptable to conduct the interview with a detailed list of questions, they nonetheless needed to be asked in an open-ended enough way so the participant would feel comfortable elaborating in a "relatively naturalistic conversational exchange" (Potter & Wetherell, 1987, p.165). As well, because the interview was no longer viewed as a means of exploring an unbiased set of opinions, the researcher's questions and comments became as much a part of the construction of the discourse as did the participants' responses.

Coding and Analysis of Discourse

Remembering that a discourse text was to be "treated as a potent, action-oriented medium, not a transparent information channel", the coding and analysis of discourse was not concerned with questions about whether the genuine attitude of the

individual being interviewed had been "revealed" or if the description of an event was "accurate" (Potter & Wetherell, 1987, p. 160). Rather, the concern was exclusively with how discourse was put together and what was gained by a particular construction. The initial aim of coding then was concerned with placing the discourse related to the topic of analysis into manageable chunks. Those times when the topic of analysis were not clear at the beginning necessarily involved moving back and forth between coding and analysis. The goal of coding was to produce a body of instances. Because all variations in the discourse were important for the functions they fulfilled, the notions like borderline or negative cases were made obsolete.

Analysis of discourse began by first making sense of a transcript through the identification of its organizational features. This involved searching for the organizational patterns in terms of what was variable (the differences that exisited in the content or the form of accounts) and what was consistent (the features that were shared by accounts). Where the differences in content were clues for the presence of interpretive repertoires used by the individual in the presentation of his or her case, the features shared by different accounts were the keys to what those interpretive repertoires were about. Since the basic theoretical thrust of discourse analysis was the notion that people's talk fulfills functions and has varying effects, the ultimate aim of analysis was to hypothesize the functions served by the patterns of consistency and variability that were evident in discourse.

Analysing the Discourse Generated by My Study Participants

With this exposure to the philosophical orientation of discourse analysis, I felt as if I had been liberated from some of the otherwise unsurmountable barriers presented by a more traditional approach to inquiry. Giving up the pretense that I could be objective, let alone discover the causes behind my study participants' ability to use humor effectively in their nursing practice was, in short, a relief. Acknowledging that mine was an exploration influenced as much by what I said and

did as by the study participants seemed a more honest approach to the interviewing sessions. The open acceptance of variability and contradiction as well as consistency in narrative accounting also made more sense given the contextual nature of humorous experience that had been more easily acknowledged in theory than examinable in practice.

I was already aware of one contradiction from the first two interviews with Rose and Claire; in spite of their being so recognized by their peers, neither one claimed to perceive herself as a "funny" person. It had been somewhat unnerving at the beginning. I had asked for names of nurses who "made effective use of humor" in their nursing practice but this had been translated by Rose and Claire as "being funny." Because I interpreted "being funny" and "making effective use of humor" in different ways, I began to have doubts about the manner in which my study participants had been selected. My initial reaction was "What if they were right? What if they weren't skilled in using humor?" The word "humor" could mean many different things to different people in different contexts. Perhaps I had been wrong not to define it from the start. And yet, if I had, would that not have meant I was pursuing my preconceptions about the meaning of effective humor?

Relative to those who were mentioned once or twice, Rose had been nominated fourteen times and Claire, eight. Perhaps I had relied on the opinion of too few others? Only Nel, who had been nominated eighteen times, had not expressed surprise in being so acknowledged. Perhaps hers was the most solid reputation for making use of humor while for the rest, it was a more mixed experience? And, even if the focus of my study was not about nurses who were "funny", was it ever the case where a person was "either" funny "or" not funny. While it was tempting to think of individuals as being "either" this "or" that, it was most often a case of "it depends." Perceiving the narratives that make up the discourse that is generated by two or more individuals in their interactions with one another, I thought about the functional value

of Rose and Claire claiming that neither one perceived herself as funny. Did such a claim ease the pressure they might have felt in having to live up to their reputation now legitimized through the survey I conducted? Or, by making such a claim, would any humor they did produce then be perceived as spontaneous (the way it was supposed to be) and evidence that their being identified by their peers was not so off-base afterall? On the other hand, if they failed to come across as "funny" in the context of an interview with me, would it not be consistent with the initial claim they made? Whatever the outcome, the claim served to keep them in a safe position in terms of their competencies.

Over the course of the next several months the interviews with the five nurses who had argreed to take part in the study were completed. They occurred either in the informal setting of my home or office and always with refreshments and food to contribute to the comfort of the experience. Compared to first ones, they were much easier to conduct. No more comments were made about not having the answers to my questions or not being able to explain what they did. This time they talked about what they knew best: themselves. I met with Rose and Nel a total of three times for an average of two hours each time. Claire and Sam were able to meet twice, again for two hours each time. Jan, because of personal reasons met with me only once.

Of the five participants, the most discourse generated was in those interviews I had with Rose and Nel. They talked easily about themselves with me and their stories were varied and full of details. By the third meeting, each of them began repeating some of their stories or referring back to previous ones they had already told. While each presented herself in a way that contrasted with the other, within each of their self-descriptions were contrasting images as well. What functions did such constrasting self-descriptions perform? What possible connections did these have with their reputations for being able to effectively use humor? The variability between and within their stories represented the discourse that was most appropriate for the

analytic principles outlined by Potter & Wetherell (1987). For these reasons, the discourse generated in the interviews with Rose and Nel was selected out of the five participants interviewed as that to which I would be able to apply the principles of discourse analysis.

In order to provide an overall picture of the way Rose and Nel talked about themselves, their stories from all three interviews have been combined into a composite presentation of each woman. These in turn have been constructed so that their own voices and expressions are featured. Also included are the questions I asked, comments I made and thoughts that I had that may have influenced what was said. With these thoughts in mind, the profiles of Rose and Nel are outlined in the following chapter; two nurses, who in the opinion of their collegues, make effective use of humor in their nursing practice.

Chapter 4

PROFILES OF ROSE AND NEL: HOW THEY TALKED ABOUT THEMSELVES

Rose

Rose grew up in a small Alberta town (population 150) with four siblings and her parents. When I asked her what she was like as a child, she replied:

> My mother tells me that when I was a baby she called me 'muggy' because I was always smiling and I never cried. All I ever did was eat pablum and sleep and laugh and smile. I was the middle child. My sister was four years older than me and my next younger sister was four years younger. My mother says that my older sister was terribly jealous of me. The minute I was born she turned into a brat.

She ventured to guess that as a kid she smiled a lot as well but what she remembered most was that she loved to sing:

> I'm talking about when I was quite young, six or seven. My aunt who lived next door to us, loved to play the piano and she had a daughter the same age as me. I sort of got adopted into their family and left my own because my brother and sisters were either older or younger than me. So she would have us and there would be these plays in town and they would always get my cousin and I to sing and dance between the acts. So we took tap dancing lessons and we always sang these funny songs. So I got to experience myself as doing well. And I loved singing in the choir at church. I always got to do the solos and they kept asking me again and again so there must have been something right there. I guess I wasn't all that bad!

As accomplishments in the public eye, these experiences in Rose's opinion contributed to her sense of being able to do something well. However, on a more private level Rose remembered her family as not having an easy life. This perception stemmed from their having financial struggles and her father being away from home a lot for work-related reasons. She never explained the circumstances of her father's work but apparently it was not sufficient for the family's financial needs. In order to help make ends meet, Rose recalled how her mother, with the help of her children, started sweeping the school. As a fourteen year old at the time, Rose found the experience to be a degrading one. To Rose, it was made worse because her cousin with whom she had sang and danced and whose opinion of her was "the only one

that really mattered" was wealthy. While Rose's family didn't even have a car or running water in their house, her cousin's family owned "all the businesses in town and all the land with not only cars, but trucks and planes as well."

At the same time her family took on the janitorial responsibilities at the school, Rose said she began to put on weight as well. She remembered feeling "kind of fat and shy and embarrassed about it all" but by the way she started acting out in school, no one else would have known she felt that way. Rose had always perceived herself as the mediator, peacemaker, the "make-everyone-feel-better" person in her family; something she thought just came with being the middle child. It was during our second meeting, three months after the first time that we met, that Rose described her perceived family role but only after telling me the following:

> Well, since I last saw you my mother has had major surgery, my father was hospitalized and nearly died, my brother's business has gone through whatever and his wife has left him, my mother's house burned down and she lost everything and my father is now in an auxillary hospital, probably for the rest of his life.

I sat listening in near disbelief and thinking that compared with hers, my troubles were relatively simple. I shook my head and could only say "Really?" She laughed a little, nodding her head as she continued:

> All of these things have been going on and so when you said "Who are you?" the first thing that came to my mind was all of us sitting around the table after my mother's house burned down and we were still shaking. We were all in shock and my mother said "Well, I'm sure someday we'll see why this had to happen and it will be a blessing for us even though we can't see it at the moment." So, I hear that coming out of my mother's mouth and I'm sure I've been programmed to think that way. Even as a child I'm sure that I've always heard that said in some form or another.

This story fit with Rose's previous description of her mother being a "strong woman" and how Rose herself had grown up believing that "you need to be a strong woman." That she perceived herself and the women in her family as actually being strong was evidenced by a description of a previous time of difficulty when her father had gone senile, one sister had broken up with her husband, another sister's husband had died

and Rose and her husband had gone their separate ways. "There we were one Christmas morning" Rose said, "all these women sitting there and realizing that there was this core of women in our family. While men might come and touch that core, they would never change it."

In light of such reflections about the strength of the women in her family, I was uncertain as to which direction to go, given the stressful nature of her current life circumstances. I opted for a lighter hearted response and said "Well, if nothing else, it must be quite a test for your sense of humor!" From the notes I made about my feelings at that moment, I hoped Rose would not interpret it as too callous a remark, as if I might not care about her troubles. She let out a big "ha" sound and said "You're not kidding! And everyone's expecting me to make things better, you know, being a nurse and all." I probed for more, asking "And you are appreciated for doing that?" Rose responded:

> Oh sure, I'm sure they all appreciate it. But I'm not feeling particularly humorous about anything at home because of all the things that have been going on. I'm different at work but with my family, all the stresses have kind of worn away any feelings of humor. My brother's living there. My mother's there, you know all the things that have gone on. And I don't always appreciate my brother. If someone just wants to be down and unhappy and choose to holler. No matter what anybody does, he just chooses to be negative. Well, after awhile I'm no longer willing to try and make him feel better. It's so stressful on me and I find I'm not willing to make light of things. Maybe it's just self preservation too. I think you can only do so much, making everything nice for everybody. He's got to do it himself. At work I may be a little bit quieter but I'm still basically the same with everyone. And with my mother and my sisters, we still carry on the same.

"So the role you think people expect you to play is to find ways to make them feel better?" I asked. Rose responded "I think so" and then paused before saying "Even to my own detriment sometimes. I find that sometimes I'm so concerned about what I should be doing for other people that I don't do what I need to do for myself."

While she claimed she always felt it was her responsibility to keep her family in good humor, she had no memories of doing that in any other setting until she reached grade seven. "Then," she said,

> I was having more and more trouble with school, having trouble just staying there. I became more boisterous and found that I could make people laugh. I learned to be a clown to distract the class and myself. It was a way to deal with the work that I felt I was capable of doing but I just couldn't stay around long enough to do it. I had always been someone who liked to please so it didn't seem it was really me who was disrupting the class and always getting kicked out. But it was! I'd come up with these irreverent one liners to whatever the teachers would say and then I'd spend about half the day in the cloak room. Or I'd be taking notes to my mother and going home to bring her to school because the teacher wanted to speak to her. For the first time in my life I was in trouble with the authorities, the teachers, you know.

Once she got to high school however, she remembered having a teacher who thought she was "really, really funny." Rather than being punished for her ability to perceive the classroom dynamics in a humorous light, she was rewarded by this particular teacher. She claimed it was the first time she became aware of how much she enjoyed being able to make people laugh.

> This teacher and I had a comedy routine. We would spend the whole class putting on a comedy act for everyone else. It was like a game you know, who's going to come up with a better line. So it was the first time, like I remember how great it felt to be able to make him laugh and I would look for the opportunities to make some sort of comment. He was so funny himself. The rest of the class thought it was great!

She did not think however that she had "all that much self-esteem" at that time of her life and wondered if those attempts at being funny were just a way to hide her feelings of being fat and shy. Curious about her definition of fat, the following transcription shows how I explored the topic with her:

> Jeanette: Were you quite overweight?
> Rose: Well, I probably, not as bad as I am now. But you know, I was overweight. Even when I was down to 124 pounds, I still thought I had to lose weight. So I'm not sure (pause)
> Jeanette: you could ever lose enough weight?
> Rose: Yeah. So I always felt like I was fat. But I see pictures of myself and I can see that I was fat.
> Jeanette: You mean now?
> Rose: Yeah, then. Definitely now! I think trying to make people laugh all the time, I think it was often deliberate because it took their attention away from my being fat.

Even though she said "I was probably quite depressed at that time of my life" she was still exploring other possible explanations for such remembered behavior. For

instance, having recently read an article on attention deficit syndrome she wondered in a half pensive, half amused sort of way, whether her boisterous, distracting, attention-getting behaviors were not the result of her having been an attention deficit child.

> All my life, of course I've made myself out to be all wrong and bad and called myself lazy, procrastinating, making it out to be character flaws in myself. But after reading that article, I saw how closely it fit what I was like. I wonder if it was due to a problem like attention deficit disorder?

Whatever the reason for such behavior, she said "I think I had enough pain of my own that I sensed it in other people. I would like to think that I am sensitive, a little bit you know and that even as a child I could sense those things." This sensitivity in turn was what she thought was the basis for her desire to help those in pain; to make them feel better by getting them laugh. She added that "after you've experienced enough painful things in life and you don't die from them, over time you just know that things have a way of working out." In realizing this, Rose thought it even influenced the way she made use of humor as evidenced by her saying:

> I think sometimes I can be a little irreverent. I just find it hard to take a lot of things as seriously as other people do when you've experienced really painful things, the little things that go wrong just seem less important. Why get upset over something that doesn't really matter?

In spite of remembering this as a painful time of her life, in answering my question about her reasons for going to Big City, U.S.A., she told a story which showed it was also a time of hope. It was something she had mentioned the first time that we met and something that in my mind, required confidence and courage. She replied that she had not talked about those reasons all that much to anyone but that she would share them with me. She whispered "This is very private." A wave of anticipation, both pleasing and disquieting passed through me. I was honored to be taken into her confidence but what were the implications that came with being so informed? My expression must have given my mixed reaction away. She looked at me carefully for a moment and then, with her eyes twinkling she started laughing. I

relaxed a little and laughed along with her wondering about all the reasons behind our laughter. Whatever those might have been, it would nonetheless be one of many times when Rose would perceive something in a moment that could be laughed about as easily as it was seriously explored. With our laughing completed, she explained why she went to Big City, U.S.A.

> I remember it was Easter Sunday and the church was packed. We had this really big choir group and I had to sing the Holy City. When I was finished and after church, one of the ladies that I really liked from the choir said "You should go to Big City! You sing so well! You should go to Big City!" Now I had no idea what Big City was or where it was. I was only fourteen years old but I knew that Big City was the place to go and everything I did from that day on was all directed towards getting me there, including going to nursing school. I never really wanted to be a nurse but that's what my mother wanted me to do. It didn't seem like such a bad idea when I looked at it as a way to get to Big City. So even though I didn't really like nursing or even think I was particularly good at it, I stayed with it so I could go to Big City to sing.

She thought her going to Big City came out of a need to be something more than what the circumstances of a small town setting offered young women at the time. She said:

> I think I knew there was something more for me and I really looked down on the people who thought the most important thing in life was to be dating the tall, good looking guy and trapping him so you could get married.

Even her cousin with whom she had been good friends began "dating and running around and smoking and drinking." When asked if she had dated a lot when she was a teenager, Rose replied "No, never, never." She recalled having a crush on one boy who came around to see her once or twice but that was all.

> I took very seriously what they said about being chaste and all that sort of thing. At that point my older brother and sister both got married because they were pregnant and I saw some of my friends dropping out of school for that same reason. I just knew that having a baby at seventeen could never make my life meaningful. I knew that wasn't what I wanted. So when somebody told me that I could sing well enough to go to Big City, the seed was planted in fertile ground. Everything that was happening and all my feelings at the time were more tolerable 'cause I had something to aim for. I even worked it into those degrading times when I had to sweep the school because I took the radio and sang for hours every night. I was no longer singing just to pass the time. I was practicing for Big City.

I commented on how much courage it must have taken to turn her dream into reality. Rose, with furrowed eyebrows replied "Or stupidity!" That seemed too harsh a judgement to me and I queried "Maybe naiveté?" Her expression softened and she agreed that she must have had enough self-confidence to do something so out of the ordinary and yes, that she had been naive as a twenty-two year old setting out for Big City, U.S.A.

> I went by myself knowing absolutely no one. I remember when I got there, you know they had to sign my visa and all that but I never got copies of all the papers before leaving. When I crossed the border, whatever I had got me across. I arrived in Big City after travelling by train for 3 weeks and getting there in the morning. I hadn't had a shower for 3 days but I went straight to the hospital where I was supposed to start work. And you know, they had never heard of me, didn't know about me, weren't expecting me at all. There I was 22 going on about 14, a small town Alberta girl, having only the very, very protective life experience of nursing school and one year working in a small Alberta hospital. I mean why wouldn't I be ready to take on Big City?

Chuckling as she recalled the situation, she said that nothing in her past experiences had prepared her for that particular moment. Not knowing what else to do, she started crying right there on the spot. "It was terrible. I was tired and stressed and all that and never having been so far away from home before. And to top it all off, my hair was curly!" "Your hair was curly?" I asked, caught off guard by this unexpected reference to her hair. "Well," she said as she started to laugh "everyone else had straight hair then!" I joined in laughing as I clued in to this picture she had painted of herself. In spite of her predicament, hers was not a case to be pitied; within the serious elements of the situation there were some not-so-serious ones as well. With curly hair and all, the story ended happily with her papers being "resurrected from a dead file" and the confirmation of her job.

I asked Rose if she had followed through with her goal to sing in Big City, U.S.A. I was disappointed but not surprised when she said "No, not really." I was interested because singing had been an important part of my growing up years. One major difference between us though was that no one had ever told me that I was Big

City, U.S.A. material. When I said this to her she laughed and talked more about her once upon-a-dream.

> I loved the way Barbra Streisand sang and wanted to sound like her. I guess I identified with her because she was sort of homely, kind of funny and she loved to sing. And I remember being at a party at home just before leaving for Big City, the same night she had her first special on television. I wanted to see it but I couldn't and I remember saying "That's alright because I'll be seeing her in person." So that was one of the first things I did when I got there. I was totally transformed when I saw her in Funny Girl. It was the first live musical I'd ever seen and I knew right then and there that was what I wanted to do too.

She talked about taking lots of singing lessons because that was something "you just did." With a hint of the disillusionment she must have felt at the time, she quietly said "You didn't sing though. You took singing lessons." Rose recalled how knowing what she wanted to sound like got her into difficulties with the singing teachers. All too often their view of what constituted a well trained voice was different than the one held by Rose. Her response was to keep looking for someone who would let her sing her way. But all the while she was supposedly learning to sing better and better, she said she was actually singing less and less. She explained this further in terms of the changing circumstances in her life:

> I think as a teenager I had been so isolated that I only had my fantasies of singing. And as I made more friends, got boyfriends and things like that they filled that space in my life that needed to be filled. It isn't that I ever stopped wanting to sing. I've just stopped needing it so much.

How far removed the focus of our conversation seemed to be from my initial interest in exploring the humorous experiences of nurses who were known for their sense of humor. But perhaps there were some clues in these remembered life experiences as to the reason why Rose was perceived as being such a nurse. I was confused at times about how "deep" to "dig" for stories about her life experiences. Passing comments about her husband whom she met in Big City, U.S.A. as well as going to a therapist while living there, I thought were better left unquestioned. It seemed too much like prying into life experiences about which I had no business

asking. I was more comfortable pursuing those parts of her life to which I could relate and responding to any information she volunteered as a result of that. Her interest in singing was one such part. I asked if she still had fantasies about singing after all these years. She replied:

> Oh, I really haven't sung much at all for about 10 years. I still sing in the car. I've sort of lost the joy because I made it such a difficult task. You know it was so important to me but the way I went about it I wasn't doing it for myself. I was doing it for all these other reasons. Like my family, it was what I needed them to have, not what they needed. They never knew how much I really wanted to sing. And of course I couldn't let myself fail so I never really got past taking lessons.

In listening to her speak, it seemed as if this was a significant part of Rose's life and one for which she might still have some regrets. She recalled how her husband approved of her singing only to the point that it did not interfere with their relationship. Knowing that her dream of singing was threatening to him, she recalled how she stopped talking about it with him but that she never did "let go" of it. "In the end," she said "I couldn't pretend to be this other person trying to please someone else and not myself all the time."

> And you know, this therapist that I was going to in Big City said to me "You need to start singing again, just try to recapture your joy of singing without putting all these other extraneous things on it. You have to learn to express yourself because that's such an important part of who you are. You can't just let go of that. Even if it's alone or in a choir. Somewhere, just go and recapture the joy." And I can remember my most joyous moment when singing, I mean many, many but the one I love the best had nothing to do with anybody but me ever knowing about it. It was when I was in a choir and this one Sunday when we were going to sing Battle Hymn of the Republic, you know (and she starts to sing) "Mine eyes have seen the glory of the coming of the Lord." I was singing soprano and the parts were practiced separately so I never heard all the parts together. Well I got to church that Sunday and there were donuts and coffee and all the members of the choir were there. They had already done two services, this was the third one. There were 40 of us in all. I could see that the choir director was a little worried about a new voice arriving who hadn't done the whole thing but when we started singing, I realized it was the same version as the one I had on the first record I ever owned. It is so magnificent. At the end it just keeps climbing, going higher and higher and higher and it just builds and builds until ... I swear I had never hit a high A before but at that moment I made it and I could have held it forever. It was the most thrilling thing I had ever participated in ... these 40 voices making this most magnificent sound. It was absolutely wonderful. I can still hear it today.

She was radiant as she spoke. As I listened to the end of the story, it seemed as if I could hear that note too. At that point Rose equated her hitting that high A to being an "expression" of who she was and something she had never experienced in nursing. She went on with a determined look on her face:

> And I don't do it any more and I make it sound as if I have to. Well! I am going to get myself a Karaoke machine, I don't care. That's what I want! Just sing anything I want. I don't know anything about them but I've priced them and I've looked at some of the tapes. I've just never got around to buying one.

I was pleased to hear her say this; it seemed obvious to me that she needed to find some way to get some singing back into her life. I responded enthusiastically saying how much fun I thought those machines could be. She smiled and said "Well now, if I knew that you wanted one, I would go out and buy it for you. But because I want it, I have to wait." I said "Thanks but I'd rather come over to your place and sing along with you!" My attempt to lighten our discussion was only moderately successful as Rose smiled a little and then pensively continued:

> So you know, even now I don't know whether I've ever let go of wanting to sing. Well, maybe I've let go of it but I don't think I've found anything to put in its place. Anything that makes me feel fulfilled. It's like I have this big hole in my life and I won't let anything else into it.

Not knowing what to say I remained quiet and listened as she contemplated "So there's that part of me that will always be disappointed." As soon as that was said however, a new look transformed her face and she emphatically exclaimed:

> But it was always so clear to me, you know how nurses, whenever two or more of them get together, they always say "Are you going to go to school? Are you going to get your degree? Your masters degree? Your Phd? Which school? Should I do it? I don't know. Oh, you should." It was always so clear to me that for me the answer was no.

This was no longer an uncertain, questioning, contemplative Rose. While she may not know how to go about "filling that hole" in her life, she certainly knew how not to do it! Her eyes sparkled as she spoke and the powerful feeling within her words was evident as her voice raised in pitch and volume.

> It was never a question for me because that was not who I was and that was not what I wanted to be. I would be damned if I was going to become an even better educated nurse when I didn't want to be one in the first place. If I couldn't move in the direction that I wanted to, I would be damned if I was going to start walking backwards. At least I could stand still where I was. It was the same thing with the only man I have ever madly loved. He wanted me to leave Big City, U.S.A. with him but I just couldn't go with him. I couldn't let go of what I really wanted. It was so wonderful to be loved and wanted, but his dream wasn't mine.

With a sigh, Rose reoriented our discussion to my earlier query about the self-confidence she must have had to go to Big City, U.S.A. by saying "So we started talking about having confidence and self-esteem."

> Maybe I've never had enough. But even now I feel better about myself than I have ever felt in my life although I am extremely aware of my short comings and my faults. Certainly, one of them may be my not having a degree in nursing. But I'm not going to do it just because someone else thinks I should. It's got to be something that I want to do.

She went on to tell a story she remembered being told when she was young. It was about a man who worked as a vicar at a church. Although he was very good, one day it was discovered that he could neither read nor write and he was told that he would have to leave the church. He did so and not knowing what else to do, took a job in a little cigar store. After some time of dedicated service, the owner wanted to retire and gave the man the first choice to buy it. He did and soon was so successful that he bought another and another until he had a great chain of stores. In telling someone how he had reached that point in his life, the person responded "You've done all this and you can't read or write? Imagine what you would be today if you could read and write! The man replied "Yes, I'd be the vicar of that church." With the story finished, Rose paused and waited for my response. I had been listening so carefully and was basically wondering how the man could succeed in a business world without being able to read or write. It was another one of those awkward moments when I sensed a contradiction in my interpretation of what had just been said and the reaction that Rose had anticipated. She laughed and I did too, albeit feeling somewhat confused as to the relevance of the story for us at that moment.

Putting my confusion into words Rose pondered "I'm not sure why I told you that story." Then she burst into a most wonderful and for me, contagious hearty laugh and said,

> Well I thought it had something to do with what we were talking about! Who knows? Maybe someday if they tell me I can't nurse any more because I don't have my B.Sc.N., I would finally go out and do something with my life that means something to me. It would be a blessing to me. Obviously I have to have a job to pay my bills, I'm in that trap. It's not that I haven't had some wonderful opportunities in the nursing setting with my friends and some patients, you know, times when I'm able to express who I am on a one-to-one basis. I mean I do a good job, the best job I can. No doubt there are many days when I could do better but I certainly do what is necessary. But I just can't say that the person I really am can ever be fully expressed in nursing.

As I listened, I was struck with the picture of certainties and uncertainties that Rose drew as she talked about herself; that how knowing so clearly what she "was not" did not necessarily translate into her knowing what she "was." Rose, with a tilt of her head skillfully gave her dilemma a humorous spin as she chuckled and said "I'm sure this is the basis of some psychosis or a grand neurosis in my life. If someone was writing a paper on my head, they'd say what grandiose thoughts!" In a similar spirit of playful but supportive banter I responded that it certainly was not going to be me!

How different this experience had been from the first time I spoke with Rose. Not once did she say "I've never tried to explain that" or "I don't know. I've never really thought about it before." This time she was talking about herself. No doubt I had influenced what she told me in many ways, the most obvious being the kinds of questions I asked that gave subsequent direction to our conversation. It was her interest in singing that I pursued because that was something about her life experience to which I could personally relate. I wondered what different stories I might have been told if our common ground had been the breakup of a marriage or the experience of going to a therapist. Even knowing what I did made me sensitive to how Rose might feel about all that she had told me. In order to explore that, I gave her a copy of

the transcripts from our conversations to read before we met again. I wanted to be reassurred that what had been said was material with which she felt comfortable in its recorded state.

When I next met her I asked for her impressions of the transcripts. She said she was surprised at how much she had talked exclaiming "Oh my God! For someone who is quite shy and can't think of anything to say, I took pages and pages to say it!" I laughed and she joined in as she openly acknowledged this contradiction in the perceptions she had about herself. Taking my cue from her comment about being shy, I queried "Do you think you are shy?" Rose paused before she answered.

> I don't think that people would think I am shy in general. But I know that I am. I know that I cover it all with this boisterousness and noisiness. I was looking at an article in a magazine the other day about, ah, and it was describing, ah, tch.! I don't know what it was describing! Well, it was something very important which I enjoyed reading, something about how we approach life! I don't remember the gist of the whole thing now except that there was this part in it about the passions that drive each of us in the course of our life. You know, a passion for security or for love and for control, that sort of thing. You went through the list and picked the ones that best suited how you thought you would usually respond to a situation.

She paused again at this point and smiled shaking her head from side to side "I am sure I had a point to make with all of this!" Hoping she would continue, I smiled encouragingly and said "No doubt it was going to be a good one too!" She responded by smiling back and then she said, "Oh, now I remember!" With an "Oh good" from me, Rose went on to say:

> I was quite surprised to find out that the one I most identified with was the security one where avoiding rejection was a major theme. It wasn't the one I would have initially picked out for myself but as I read it more and more, it was the one that fit me best. So I think that what I call shyness is maybe more a carefulness when I first meet people. I size them up to see how safe I am before I say too much to them. So perhaps more than shy I'm just careful.

Summarizing what sense her words had made for me, I said "So when you size someone up you are really assessing the situation and how to make it the best for that person and for you? So that person will be less likely to reject you?" Rose, who had respectfully watched me go through this careful summary, held back for a split

second and then she burst into laughter exclaiming "I feel all of a sudden like I am being interviewed more than having a conversation!" I knew exactly what she was telling me and I agreed that my days as an amateur psychologist were numbered, if not already gone. She gave me an accepting, indulgent smile and with a playful, sophisticated move toward the tea pot she said "Perhaps a little more tea before we go on?" I agreed, realizing how much I enjoyed her willingness to reflect and question herself, all the while tempering such reflection with cheeks that said "Time for a break from all this seriousness." I was interested in what she had to say though and ventured on to talk about me rather her. Together, we constructed a sentence that moved us out of what could have been a stalemate in our conversation.

> Jeanette: Well I can identify with being concerned about people's reactions to me ...
> Rose: and how they feel ...
> Jeanette: ...and whether or not it's because I'm secure or insecure, I don't know ...
> Rose: ... except sometimes I know I need that reasurrance and then I try to make people feel secure with me.

With that mutual exploration completed, Rose spoke about her use of humor to make people feel more secure around her: "I know that I will deprecate myself, you know in a way, somehow that makes them feel more comfortable with me." I was curious about her use of self-deprecating humor. Did she use it because she actually felt that way about herself or just the reverse of what the words themselves implied? Rose said "Well, I know that there are ways that I handle my life that are hardly constructive, you know, that hurt me rather than help me. But there are some things about myself that I just don't seem able to change." She paused and then added "Or probably that I am not willing to change and I guess those are the things I can most easily make fun of myself about." Rose explained the details of one such example at work:

> Perhaps I do have a problem but when I just make fun of myself about it, like how scatterbrained I can be sometimes, it just makes my co-workers laugh. And I'm just telling them the truth, you know and I laugh about it as well.

> Like the way I left my car running in the parking lot all day. You know, I get to work, turn the lights out and I leave the car running! And I don't even realize it!! When I get out there at 3 o'clock in the afternoon to go home it's out of gas, the battery's dead, it's parked at the bottom of the parkade, there's no one around to help. So when I tell them about it the next day at work they were falling on the floor, they were laughing so hard (she starts to laugh) It was such a crazy thing to do, all I could do was laugh about it too.

Having a difficult time imagining how she could so such a thing, I was left wondering how she managed to get out of the car, lock the doors and walk away from it with the motor still running. It was not as humorous to me as it was puzzling. "And you did not hear the motor?" I asked incredulously. She said "Nope! They even paged it over the loud speaker for about an hour. Someone's car was all locked up and left running in the parkade. I guess I was working so hard I never heard it." Shaking my head I said "Boy! It does sound like a pretty bizarre thing to do!" With this said and no other way to explain it, our eyes locked and we started laughing. How else could one respond to a situation like that? But there was more to the story:

> Around that time a new head nurse came to the unit and I hadn't spent much time with her at all because I was on leave for this surgery on my foot. Apparently on her first day there she said she would not tolerate anyone being late for work. Well, everybody immediately called me 'cause they knew I was never on time. I lived in dread for the four months that I was on leave. Here was this head nurse who didn't want anyone to come to work late or she would have their hide! I was in a great state of anxiety and getting angrier by the minute because while I'm often late getting to work I never leave until I've done everything that needs to be done. No one counts the time you put in at that end of the day. I have this reoccurring nightmare that there is never enough time to get all the work done that needs to be done. So you know, I'm always late getting off and it was my feeling that if you're going to be marking every second someone's late getting there, you should be giving them credit for staying late too, you know.
> Anyway, I was really angry and I was rabble rousing and I wasn't being a very good employee. And then the day came when I was late for work and immediately the head nurse got up and wrote "Lateness" on the meeting board for the next staff meeting. I was the only one who was ever late for report so I immediately personalized it.

Rose paused at this point and stated with a look of mock surprise on her face and an indignant ring to her voice "I'm not sure why I personalized it. I'm sure there was no connection! Just a minor slight, you know." With her dramatization of the moment

completed, Rose paused again, this time bursting into laughter before continuing with her story.

> So this meeting came along on my off day. I had worked till midnight the night before but I came back at 10 o'clock the next morning. I was determined not to make everybody else out to wrong. I was just going to talk about myself. I was the first one there for the meeting, on time and everything! The meeting started with the point about lateness. Well, I just started talking and talking. I talked about the parking lot, how I left my car running because I was afraid about being late for work. I talked about all the different things that I do, trying to get to work on time, falling all over myself, that I even go to therapy to learn how not be late for work and I haven't made it once yet to therapy on time, twenty minutes late and paying by the hour! I said it in a way that just got them all laughing. The more I talked the more they laughed. The head nurse was nearly falling off her chair laughing because of how I was describing myself. Finally she said "Well, I had no idea it would make people go crazy. I don't want you to make yourselves crazy. I would just like people to make an effort to get report started on time." So the focus shifted from being forced into doing something to trying our best to do it. All of that anger that everybody was feeling, just kind of dissipated.

She concluded by saying she was certain it would not have worked if she had spoken in anger at the meeting. When asked if she had planned to deliberately deprecate herself, she said "Yes. It certainly wouldn't have helped to point out anybody elses' faults. You get a lot further when you try to look at what you're doing to contribute to the problem than to make someone else out to be all wrong."

She believed that her need to be accepted by others was no different from what anyone else needed; that "even when people behave as if they don't want to be liked, they want it even more." She described herself again as someone who was careful whenever meeting someone new. This time though, it was not in reference to her own needs for acceptance but out of a sensitivity for what she felt others needed. Rose explained "When you pay enough attention to people you get to know their strengths and weakness. You know, what they feel confident about and where they feel insecure." She continued saying "I never try to hurt people's feelings" but then paradoxically claimed "but you know, my favorite way to make a person laugh is to insult them." I asked her what she meant by that.

> It's like making fun of them without hurting their feelings 'cause I think that you can, you know. I can say really insulting things to people but I think when they look at it, it's like "She knows who I am or she knows that about me so she can't dislike me if she's taken enough time to get to know that."

Then I asked if she could give me an example. Rose looked at me and said "No. I can't even tell you!" I persisted with a playful "Oh, please just one?" She laughed and said "Well, I guess there is one that I can tell you."

> I was just thinking we have a nurse on our floor who people like to not like a lot. You know, she's very perfect and, well she does just everything perfectly. I mean, not nursing-wise 'cause nobody knows what kind of a nurse she is. She doesn't let anyone come around her when she's nursing. She sets herself up as being the perfect nurse at the desk who always does everything right. She yells at you if you don't and she is always after you which is a big turn off, you know, to most people.

I replied "No kidding!" and Rose continued:

> This may come as a shock to you. But I just started accusing her of being anal retentive and making fun of her nonstop. I teased her about these behaviors but you see, it's like she sees them as her strength. So she's not vulnerable because she feels so strongly about how things should be run, you know. She laughs and can relax a little. But I would never tease her about having a fat ass. That would hurt her because she really does have one. I mean, it's almost as big as mine!

Rose spoke of the damage that could be done in not being sensitive about the sensitivities of others. She saw herself as someone who was constantly watching and analysing the needs of others.

> It's like I take a snapshot of someone when I've said something to them and laugh or whatever, you know. I take this picture of them and then I'll walk away and I sort of go through a mind check. Was that O.K.? Did they take that the right way? Were they hurt? Was that genuine? Did I know them well enough to say that? Did they realize that what I said to them was a sign that I knew them and would only say what I said because I liked them?

Thus, to Rose, her ability to focus on others and come to "know" them was the key to a successful insult, a reverse way of letting someone know she liked them. Then she spoke about some feedback she had recently received from a colleague. Apparently this person thought Rose kept others from getting to know her by focusing on them through her humor or laughing at her own problems and in doing so, she kept people "at bay." Rose claimed to be surprised by such feedback. The

remark had been made after Rose had told the colleague about her husband's experience with chemotherapy, something that she had shared with very few people. She took a moment to joke about it, saying "You know, it was just a little thing. Nothing big" and then went on.

> Anyway, they had no idea I had gone through something like that even though they'd already known me for several years. You know, they were surprised that I had never shared that with them. So it came back to me later that my joking was a way to keep people at a distance rather than being open about about myself.

When asked how she felt about that she paused a moment and then replied "If I focus on me, than I can't focus on them." Wanting her to talk a little more about this paradox, I paraphrased what she had said putting a positive slant on my interpretation of her skills and sensitivities. She responded "Mm hmm." I said it yet another way, only to hear her say another "Mm hmm." Then she said:

> And as you said that now, you know what my mother just said to me? "You're not supposed to be sitting there talking about yourself, Rose! That's impolite." It's hard for me to sit here and say nice things about myself. A part of me just feels embarrassed which may just be the other side of being pleased. It isn't good for me to be talking so much about myself!

In fact, she said she "hated" sitting there just talking about herself, being "so full of herself." It was another awkward moment for me because that was exactly what I wanted her to do. Trying to help her feel more comfortable, I said I knew she had been taught not to talk about herself. She quipped "And, you can see I've overcome that quite well!" We laughed and I continued telling her that with me however in this context, the rules were different. I warned her though if we were ever to meet under other circumstances, I never wanted to hear another story pass through her lips again. She laughed and said "You won't have to worry about that! I've talked enough to last you a life time!"

It was clear that Rose felt she had talked enough about herself and I wanted to say something about the impressions I now had about her as a person; that in spite of the uncertainties she expressed regarding her need to help others and her search for

self-fulfillment, there was this concomitant strength of character that came through so strongly in the way she talked about herself. I said:

> Your orientation to others is such a strength and yet the basis for your concerns about giving up too much of what you need to do for yourself. But thinking back on all that you have told me, I see this sensitive and caring woman who has great personal strength. When it comes down to what really matters, you have been true to yourself.

Rose had listened carefully and then with a thoughtful expression she replied:

> You know, Jeanette, I don't think I've ever looked at it that way, maybe I did. You don't often see yourself the way others see you and I always appreciate talking to you because you give me such positive feedback.

She smiled at me, patted me on the hand and continued "I get such a nice ..." but before she could finish, I broke in with a "So when you think of ..." pausing just long enough for Rose to say "So that's all I have to say." I said "Yeah." It felt to me as if we were both having difficulty accepting each others compliments. Perhaps appropriate to the reason for our being together in the first place, we ended with the following playfully spirited exchange:

> Rose: Anyway, let me finish what you were saying.
> Jeanette: (laughing at her unintended gaffe) No!
> Rose: (laughing as well) Well, let me let you finish what you were saying.
> Jeanette: No, it was my mistake, I cut you off. I shouldn't have done that!
> Rose: No, you shouldn't have.
> Jeanette: Well you know me! Just trying to say something important.
> Rose: Probably not!

There it was; the insulting humor that Rose had told me she loved to use. It was the right moment to end.

Nel

There is no other way to begin Nel's profile than with a description of the image I have from our first meeting for the purposes of my research. Our paths had crossed on two or three previous occasions during the course of my humor programming work. At that time I perceived her to be a key person for the success of such a program and had hoped to get her thoroughly involved in it's planning and implementation. I recall my mild feelings of disappointment when her reluctance to

take an active role in such programming efforts became apparent. It was understandable however in light of her already having full time nursing responsibilities. She smiled easily and was open to hearing me out but she was not about to say "Sure, I'll do it" without considering the commitment required by such a decision.

It was the same when I asked if she would be willing to be a part of my study. She was the only person who did not register any surprise in having been so identified, as if knowing she had such a reputation. She wanted to think about my request before she made her decision. Not only were they busy in the unit where she worked, she had an active personal social life. It was two weeks before I would learn what her decision would be. Once agreeing to be interviewed however, whatever reserve there was at first had disappeared by the time I made arrangements for our first meeting. More than likely, because of her consent to take part in my study, I was more confident when seeking her out as well. She was at the nursing unit and in seeing me, waved and called out "Come on in!" There was a glint in her eye and a grin on her face that made me feel as if I was truly being welcomed into "her" world; the same world that so many others in the hospital had been similarly ushered into and introduced to a playful spirit. She was a petite woman with a perky, little nose which, with the rest of her expression could be described as nothing else but impish. "She'd make a great Peter Pan", I noted at the time. As she had warned me though, she lead a busy life. The only time available to meet was the following week when she had two free hours between her finishing work and going to a bowling tournament with her husband. "There's a lounge not far from where we bowl that's a quiet place to chat" she said. My private and immediate thought was whether a lounge was an appropriate place to conduct a recorded interview but wishing to accommodate her suggestion, I said "Yes, of course. There's no reason we can't make this as pleasant as possible, is there?" It must have been the right thing to say because a new

gleam came to her eyes and she said "You're darn right! But now I've got some work to do." On that cue, I left and before I was out of the door she was already tending to a patient, looking over the intravenous tubing and checking the medication still remaining to be infused.

From the beginning, it was clear that Nel found it easy to tell stories about herself and her experiences in life, even to the point of remembering who said what when. She was born in the mid-1940's and grew up in rural setting in central Canada. She said her family "did not have much at home" claiming it seemed as if they were "the poorest people around." They had no running water, indoor bathrooms or television but she did not remember it as a time of hardship:

> You made your own fun. Sliding down the hill in the dark after the dishes were done. Me and my brother would come down this hill in the moonlight under these big beautiful elm trees. The snow would be just glistening. To us it was a mountain but now you look at it and it's just like a little bump on a toad. Or a bunch of kids would come up and we'd go back in the fields where the snow would thaw and then freeze. We had the biggest skating rink in the whole world. You know, we had a lot of fun.

When asked if her family had a farm, she said "Well, we had one cow 'till she died" and then she paused for a moment and started laughing. "No, we had a few chickens and some ducks, some cats, some dogs but it was a long way from what could be called a farm!" Because her father worked at a planing mill, she and her brother were expected to help out with chores around their home before they were allowed to play. Before anything else however, their homework always had to be done first. "So," Nel said "our life was fairly structured. We didn't get to fool around much and we were expected to be responsible and to do well." Doing well translated directly into academic performances at school. This, according to Nel was important because

> if you did well academically, it was one way of keeping up with everyone else. So I worked really hard at school and competed with the kids in my class, especially through junior school. The more intelligent you were, the better off you were. It didn't matter then if you were rich or poor. When I got into high school, there were more people in all of my grade nine class than

> there had been in the whole of my junior school! My brother was an honours student all the way through but I stopped working so hard. There were just too many interesting kids there and I wanted to have more fun. I was accepted right from the start so I didn't have to work so hard at the academics to prove myself. I had lots of friends and was always being invited different places.

In Nel's opinion she was always the kid who made the "blooper." Her first memory supporting that perception was a field trip that she went on when she was six years old.

> Like, I was the one who fell in the creek. I was wearing a store bought little dress which was pretty special because most of my clothes were homemade. It had a white yoke and little mushrooms all over it. I was like 'Lucky Pierre' always at the tail end of the group and looking around. And, you know, I still do that and I'm always looking around at the ground. I always seem to be looking for something. I don't know what yet but if I find it, I'll let you know! (She laughed and I responded with a chuckle) So anyway, I'm crossing this log and there's this fungus and it didn't look very nice so I thought I'd knock it off with my heel. Well, my heel slipped and so did I and into the creek I went. I came home with a blue cardigan on the bottom and a black one on top, buttoned up. My mom said I looked like a little bruise coming up the road.

Nel had no reservations about admitting how much she enjoyed making people laugh.

> It makes me feel good when I make people laugh. You know, like, I'm sure there isn't a day that goes by that we don't have a good laugh about something. And it's not a matter of thinking how tense the situation is. Something will happen all of a sudden and I'll just start laughing, you know. It doesn't matter. There's always something that happens.

When asked about her first becoming aware of this, she simply said "I don't know, like I've always told jokes. In school, with my friends, we used to tell jokes all the time and once I got on a roll, I just kept going!" She never thought of it as being special or having a particular skill except one time when she was in grade nine a friend told her that the lady in the school cafeteria called Nel a "witty" girl. "So," said Nel "maybe I've always been this way, I don't know." But prior to that no one had ever made a point of saying anything to her about her sense of humor. She summed it up by saying "I was just a kid who had a lot of fun. I just took myself as I was and I didn't think anything else of it!"

She had no memory of specifically being encouraged to be funny when growing up. She only briefly referred to her mother's sense of humor during our first

interview, a memory about her mother having "more fun laughing and carrying on" with her sisters during quilting bees. Their laughter delighted Nel at the time. She claimed she always told them "Boy, I'm going to stay home from school one day when you're quilting. I think you must get into some real raunchy stories!" While she had no recollection of her mother ever telling stories or jokes as a way to make people laugh, Nel remembered her father as being the jokester in the family. He kept a book in which he would write jokes so he could remember them but they were the kind of jokes that you only got to hear when you were older. "It seemed like there was a big difference between being a kid and an adult in our family" Nel recalled "and you became a part of the joke telling that went on between the adults only when you reached a certain age." She continued with the following story:

> The fondest memory I have of my dad and I together was playing crib one night. We got the crib board out, put on a coffee pot. It was eight in the evening and we played straight through until two in the morning. We went back and forth, back and forth, back and forth. You know, my dad would say "Sis, one of these nights!" I said "One of what nights?" He said "The falling shit hasn't come up with an armload of roses." You know, the dice just wouldn't fall in his favor. But then the next game he'd beat me and so it was, you know, back and forth. But you had to get a little older before he treated you like that, like an adult. As kids we were just kids and you did your homework and you did the dishes. We were there but he didn't talk to us like that until we were older.

Having no other memories of role models for making use of humor in everyday life, Nel felt it was more a matter of being someone who just made a lot of bloopers; things just happened to her that always seemed to have a way ot turning into something funny "without really planning it." She remembered an event in high school to illustrate her point.

> I was in a tumbling display once in Grade 11. I was the second smallest girl in the class so I always got to be second from the top of the pyramid. There was this friend of mine, a tall big boned girl where one time just the two of us were on stage. I was supposed to stand in front of her, cross my arms, put one foot on her hip and swing up around to her shoulder. The rehearsals had gone great. Then came the big night with all the parents and school big-wigs. I tried it once and didn't get up. I tried it twice and didn't get up. Tried it the third time and didn't get up. I said to myself 'Oh the hell with it!' and I rolled between her legs, somersaulted off the stage and left her standing there with

> her arms crossed waiting for me to come back. There she was, my poor friend stuck in front of 300 people, watching the spot where I had disappeared, wondering where I had gone. First she looked one way and then the other way, wondering which curtain I would come back out of. Finally she gave up and rolled off herself with everybody in the audience just howling. They thought it was some kind of clown act!

It was easy to laugh along with Nel as she recounted this experience, imagining her friend's confusion about Nel, who in the meantime had run off to the bathroom. Nel recalled "I just wanted to cry because I felt so bad I couldn't do it." Eventually she found the courage to go back out, meeting a teacher on the way. To Nel's surprise, he congratulated her and asked how she had ever come up with a "great act like that", telling her "it was the highlight of the whole evening." With the transformation of her mistake into a successful "performance", Nel felt "really good" but also remembered her confusion at the time, wondering if that's what she would have to do if she wanted to feel that good again.

When asked if her knack for being witty carried over into the classroom, Nel shook her head and said "Oh no. I was pretty serious in class. It was O.K. to have fun in the hallways and such, but once class started I tried to be a good student. I never wanted to be the centre of attention." One story she told illustrated the lengths she went to maintain this classroom decorum.

> Nel: I sat at the back in front of this great big guy. He would always take the back off my chair and put it under one of the feet of my chair and with his foot under the other, he would rock me back and forth. I had to try and stay even.
> Jeanette: Did you mind him doing that?
> Nel: Well, I didn't know what to do. Like, I'd have to get up and read something in class and I just knew as soon as I sat down I was going to be rocking again. He'd do this every class.
> Jeanette: Did that bother you?
> Nel: Oh no. I just knew it was going to happen. It was just a fact of life. I'd sit there, I had to, it was the seat I was assigned to. Once you got your seat, that was it. I would get annoyed with kids who caused a scene or who were rude to teachers. I just wouldn't participate in any of that.

Because Nel smiled as she described the rocking she felt destined to endure, it was not apparently a painful memory. She may have been challenged to find a way to "stay even" but this was a story that said as much about her love for fun as it did

about her need to be a nondisruptive student. In spite of this "well-behaved" student image she carried of her herself, she thought her teachers must have seen her as having a sense of humor because "they always made comments" about it on her report cards.

She told another story which illustrated a less positive experience in school and her subsequent reaction.

> I hated history, especially my teacher. He ridiculed me once when I answered a question so I never put my hand up again. At the end of the year he had the nerve to criticize me for not participating and he was the reason why. You'd never find him admitting to be a part of the problem though.

She made this last comment with an indigant look but her eyes lit up again as she switched from that memory to the next one exclaiming "But everything else was great!" She especially loved Latin because the "verbs were so much fun." With a laugh and in a sing song voice she said:

> Like with the verb 'to send', I always put the O in front. It went O mato, matonus, matit, matittus, matunnus. I thoroughly enjoyed Latin and don't ask me why. The sentences were all put in different order and I never ever used it. But it was just so different. There were only 3 of us out of 40 who chose Latin. These days you don't often find a person you can speak Latin to.

Several times over the course of our interviews, Nel claimed that while she was becoming more aware of her ability to see the humor in a situation as she grew older, it was something that started more because of what happened to her as much as something that she made happen. As someone who ended up being in the wrong place at the right time, Nel claimed she got "blamed" by others for being the instigator of various events even when she was not. Perplexed, I asked "I wonder why that would be?" Nel paused for a moment and then burst into laughter saying "Well, maybe I've been a little more involved then I would like to think!"

> But even if I don't do something, like Lil came in the unit the other day and said, "Nel, good one!" I had no idea what she was talking about. It was something someone else had done but right away everyone thinks I've been up to something.

When I asked if that was how people responded to her when she was a kid, Nel said:

> No, I think it was a little later on. When I was in training, I remember the first time I was completely innocent sitting on the floor drying my hair with one of those hair dryers with the big bag. I'm sitting there connected to this thing and all of a sudden this glass just shatters all over me. I couldn't go any where because there was glass all over me. The house mother came out and saw me sitting there and blamed me for breaking this lamp. Somebody had thrown a pillow and it hit the lamp, the lamp hit the wall and the glass came all around. It was hilarious. But I just went along with it. This bit of getting blamed, like it never bothers me. I just laugh it off. I mean even if I did it, I still just laugh it off and pretend like I didn't.

She admitted that she was becoming more aware her ability to find humor in an ordinary situation. As an example, Nel described how this ability was recently triggered by the events surrounding a patient and her husband waiting at the nursing unit.

> This lady was sitting there the other day and her purse was on the floor and there's this little fur tail coming out from somewhere under her purse. I called to Ann, the other nurse I work with and said, "Oh, Ann, come and look at this! Here kitty, kitty, kitty, kitty." And I'm still looking and I'm not touching it or anything but just looking at it and then Ann said, "Oh, look at that. There's a cat under her purse!" Then the man said, "Can't be ours! Our cat's got no tail!" Well, that one was too good to let slip by and I said "Oh dear. You know, Ann's the same way!"

It was the first of many times that Nel would share her "earthy" humor with me and in retrospect, it was a gentle introduction. I joined in laughing with her as she recalled how everybody laughed at this unexpected remark, including Ann who was more her accomplice than the victim of the joke.

In spite of not perceiving herself as someone who could make someone laugh "on demand", it was easy for Nel to recall many times she had been successful in doing so. She said "Everybody's got a sense of humor you know. You just have to find it. You have to look for it." I thought back to an earlier image of herself that she had drawn for me, the one about her always watching the ground, looking for what she did not know. The metaphor was used again when she explained how "people lay so much of the ground work for humor. It's just a matter of picking up on it." Without a moment's hesitation she provided an example of what she meant:

> One patient last week was feeling absolutely dreadful and he told Ann he needed two good burps. I said "Well, if I'd known that yesterday you could have had a couple of mine!"

Laughing merrily as she spoke, she added that the patient declined her offer saying he would rather have some of his own. "But, the next time he saw me" she said "he asked if I had had any good burps lately." In her opinion, sharing a joke with patients was inevitably a memorable event for them. This took her directly to another story about a patient who had come to the nursing unit and exclaimed when seeing Nel "You're the one! I remember you! Have you been in the garbage can lately?" "The garbage can?" I said. That was all Nel needed to show how playing on words was not the only way she had brought about laughter in the nursing unit:

> Well, one day we got a new garbage can that was big, quite big. And you see we had two nurses who were working with us for the summer. Well, one day I decided I was going to get in the garbage can and so I did. They helped push me down and I was just able to make it in just before Meg, another nurse who works out on the floor came in. Meg said, "Well, I'm here. What do you want me to do?" One of the summer nurses said, "Maybe you can mix up these antiemetics" putting the syringes right in front of the garbage can. So Meg opened one and threw the paper in the garbage and I said, "Hey, watch it!" Well, she kind of looked around. There were patients sitting all around in the brown chairs at the back. The other two nurses were both back working with the patients. So Meg went back to her work and threw in some more paper. I said "Hey, watch it!" again. Meg, knowing that there were only two other nurses in the room turned around and looked at them. She kind of smiled at them and they smiled back. So she throws in the next one and I said, "Cut it out!!" Well, this time she screams and goes straight up in the air. It was great! Everyone's laughing as they are pulling me out and I get part way out and someone said "Here comes Susan!" This time the patients are all grinning and in comes Susan. She looks around and asks Meg "What happened to you? You're absolutely scarlet!" Meg said "Oh, these guys are always telling jokes. You know how they are." Well, if we didn't go and do the same thing to Susan. It was really good. I mean patients remember these sort of things you do, you know.

Nodding her head and laughing as she spoke, I was intrigued with her use of past and present tense as she gave her account of the event. In having lived it once, her speaking in the present tense gave the impression that she was experiencing it all over again in that moment. And I, like the patients who were "in" on the joke being played on the unsuspecting Meg and Susan, grinned and chuckled at this ultimately harmless break from the usual nursing routines in that particular setting.

Patients or their family members were just as likely to be the unsuspecting party of such deliberate efforts for momentarily altered norms. Nel recalled a big cardboard box that had been emptied but not yet removed from the unit. To Nel, it was irresistable and presented an opportunity to play a joke on Ann who had just left for what Nel thought would be a few moments:

So I get in the box and wave to all the patients. They smile and know I'm up to something. In the middle bed on the far wall there was a little girl watching me. They had just changed her antiemetic because the other ones were making her, you know, real hyper and stuff. So she said to her mother who was sitting with her back to the box, "Mommy, there's a nurse in the box." The mother said, "No, no, dear, it's the medication." Here was this little kid trying to tell her mother what she saw. Well, it took a longer for Ann to come back than I had expected and there wasn't really much to do in the box, not much room. The little girl was still trying to convince her Mom that there really was a nurse in the box. I thought it was time to come out when I heard the Mom say "This medication's doing funny things. My little girl insists there is a nurse in a box!" It all worked out. The little girl was happy she was right and the Mom laughed too. She was probably relieved there weren't more problems with the meds. But I did tell Ann she could have hustled back a little sooner!

In this case, the little girl's mother became the unsuspecting party of Nel's intention to bring about a humorous response at her colleague's expence. However, Nel recalled several incidents where her doing something out of the ordinary for the sake of laughter was specifically planned for the benefit of her patients. In her opinion, some of this just came about "naturally" because she got "to know her patients and what they liked." To illustrate her point, she spoke about a patient named Myrtle:

> There was one little lady who used to come in for blood all the time, she was 82, I think. She was just real cute, just wonderful. She enjoyed coming in I think because it made her days more interesting. She said "You know, I get such a charge out of you!" I said "Oh, I know you! You like coming here so you can see all those nice young men who drive the ambulance. I know what you are like!" And then I would warn the fellows to keep an eye on her. "You've got to watch her!" I said to them. Well, one day I knew she was coming in and I made a big sign for her bed that said 'Reserved for Myrtle'. We had a photo of her family that she had once left with us, so I hung that up too just to make it nice for her. She loved it. And after she died, her daughter came and said how much her mother had always looked forward to coming in to see us.

Another example was about a quiet man named Bill who came in once a month. "Every afternoon right at 3 pm he arrived" Nel said "but he hardly said a word or paid us much attention." She had observed however that Bill was a "creature of habit" always going to the same chair for his chemotherapy treatment. "One day" Nel explained,

> I put a note on the chair he always sits in that said 'Hi Bill! Sit here!' It made all the difference in the world. When he arrived and saw the note he smiled the biggest smile. He looked around at us and of course, there we were waiting for his reaction. Well we just all started laughing. Now he always looks for that note and we make sure it's in place.

Nel explained that sometimes her reasons for saying or doing something unexpected to a patient were because "a lot of times, people just need a break from all this seriousness they get into once they are diagnosed with cancer." She recalled an incident where a patient, new to the unit and having completed all the preliminary education sessions was about to receive his first chemotherapy treatment:

> Well, it was April Fool's Day and he was a real nice fellow but when you finally start your chemo it can be pretty nerve wracking. So we started talking and I just thought I'd throw in a little tidbit to our conversation. "Now your hair is not going to fall out. You are not going to have any nausea or vomiting. And, your blood counts will not drop." Well, this poor guy's sitting there looking at me with the most confused expression. Everything we'd explained before was just the opposite and we'd done it all so seriously. You know how it goes ... "This is how it's going to be. You may or may not have this happen." It's all so hum drum and I don't know, they need another way to look at it all sometimes. Then I say "April Fool's!" Well, it really broke him up and we laughed and laughed and laughed. And you know, he was still smiling when we got the chemo going.

Such breaks from seriousness might have been a means for relieving stress on one level. Nel's comment "if we can make fun of some of the things that have happened to them since having cancer, the patients feel more normal" suggested she had other reasons for looking for ways to make patients laugh. One time she said it was because it "breaks the ice" and "helps them see that you are a human being just like them, not only someone who gives them drugs that make them vomit."

> Like yesterday I sat down in one of these recliners in our unit with a husband and his wife and two other patients, one getting blood, another getting

> treatments. I was chatting with them and one of the girls came in and fixed the recliner from behind so that my feet went a way the heck up in the air and my head went back. I couldn't get out of it unless I flipped over on my side. So I thought "Why bother?" and I said "I need a pillow." So she went and got a pillow, a blanket and a cover for a hot pack to put on my head. I looked like I had a little night cap on. Well I just lay there and chatted with these people for a while and then went on my way. When the man went to leave at the end of day he came up to me and said "Thank you. You know because of you we had a wonderful day. After you left that chair, everybody just kept on talking to each other."

The extent to which Nel was willing to let patients know that she was "human" was illustrated in a situation where the nurse and patient roles were actually reversed:

> I remember this 35 year old patient who was just fantastic. One night she said "You're not yourself." I wasn't because I wasn't feeling well. I said "I've got the worst migraine." And she said "Come here." Even though she had a lot of abdominal distention, she said "Roll my bed up. There. That's good. Now you sit here between my legs and I'll give you a massage." So there I was, it's about three in the morning. I'm propped up on the bed with my legs hanging over the end. I'm in my work uniform and she's giving me this fantastic massage. She must have done it for about a half hour before she said "There. Is that better?" I said "No, the headache's still there but boy, does my back feel good!" And she just laughed at me. Here she was, so sick herself but still she wanted to take care of me. I ended up having to go home. I just couldn't function but she tried her best to help.

I was impressed with Nel's ability to do something like that and asked "I wonder how many other nurses would do that?" Nel responded "Oh, some would never even consider it! They would think it was unprofessional." Then she offered:

> But I've even laid down in bed with a patient! One day I asked a lady patient "What are we going to talk about now?" She patted the bed with her hand and said "Would you like to slide in beside me and make yourself comfy while we decide?" Well, I couldn't refuse that one! Just then the director of nursing walked past and I thought "Oh, oh" when I heard her turn around. She looked in at us, shook her head and just started laughing at us just lying there chatting, just talking about whatever. It was such an easy thing to do and the patient was so happy when I left.

Nel claimed she liked most people that she met stating "There aren't many I have difficulty with." Curious about the way she would interact with someone whom she did not like, I asked if she could describe who, to her, would be a difficult person. Without hesitating she said "Well, there was this one lady, I couldn't believe it! She just came back from a colonoscopy and she was something else!" Shaking her head and making a laugh-like sound, Nel exclaimed "I don't know how I worded it

now." Then with a twinkle in her eye and the beginning of a smile, she said "But you can be sure it wasn't nice!" Recognizing that some professional nursing code of conduct was about to be undone, she laughed and I joined in, showing that I was a willing conspirator. "So," Nel continued "I asked her what appealed the most, juice, coffee, milk?" Then, mimicing the patient, Nel tilted her nose up in the air and said in a distainful sounding voice "I'll have juice, coffee and milk." Upset by this response, Nel explained what happened next, this time speaking crisply with a tight facial expression:

> I said "Fine. Cream and sugar in your coffee?" "No, cream" she said. "O.K." I said and off I go. She was so jammy! I came back without the coffee because we had to make another pot. When I walked in with the juice, she said "And coffee!" I tried to be civil and said "Oh that's yet to be made." It was all I could do but to tell her where to go. You meet so many nice people and then there's one like this!

Claiming this type of patient to be more the exception than the rule, Nel explained how she and her nursing colleagues helped each other "through those times":

> Like when I told Ann about this patient, she summed the situation up nicely "And did you wish to drink it or wear it, ma'm?" But that was just between her and I of course. And once you get it off your chest like that, you forget about it. Or at least it helped me put up with her.

At one point Nel exclaimed "You know, not a day goes by where I can't find something to laugh about!" But this ability to "find" the humor in particular situations was still a discriminating activity on her part. This was evident when she described her thoughts about the ability of her nursing colleagues to use humor in their practice. She could not generalize about them as a group; that some used humor well, some a little and some, not at all. However, she did perceive the "fantastic sense of humor" of one particular nurse as an underlying reason for the high productivity of a committee on which Nel had once been a member. With this said, she presented her views on how a committee should be chaired:

> If you're going to have a meeting and it's supposed to start at two o'clock, that's when it should start. I mean if you wait 'till everyone gets there you just end up wasting everyone's time who got there on time. I know there are

> circumstances where you can't possibly be on time but if you're chairing it, I believe you've got to make arrangements to be th[illegible] at that time and start on time. And I don't get into all of this crap that has nothing to do with what the committee is supposed to do. Anyway, I was asked to chair this committee and I got to thinking "Well, if I'm chairing this committee then I'm going to have my plan of attack ready!" I told everybody what time the meetings would be, what day they would be and how long they would be. Well, we'd get there on time and get started right away and, you know, we'd get done in a half hour what we thought might take an hour. So our work was done and we'd have some time to sit around and shoot the breeze, tell jokes, laugh like birds, have a coffee and get back to work at the time we were expected back. There were good people on that committee who were commited and always tried to be on time. If they weren't, I'd just give them a sparse run through about what we'd had accomplished so far when they came in and then just were on to the next subject.

In this instance Nel's motto was "First we work and then we can play." She then described the difficulty she had when this was not the case when, in her opinion, a disregard for time and task translated to "wasted" time:

> Like the humor committee meetings that I was asked to go to. The first meeting I went to was supposed to start at two o'clock sharp. Around two thirty it's "Well so and so's coming." Oh, "She's downstairs getting coffee." Then it's "Well, so and so else is coming" and somebody said "She'll be awhile." And then they say "We'll just wait a little while longer." It was ten to three before we finally got started. I mean, I could have done a lot work in that 50 minutes! I'm supposed to be off duty at quarter after three and I left at four because I really had to leave. It was going on forever. It was a waste of my time. I was way too busy on the unit with limited staff to sit around waiting for other people to get to a meeting. If you're going to have a meeting, let's start when we say we're going to start and let's accomplish what we set out to do. And the humor committee? If you sat in on one of those you'd wonder if it was the right committee! These people were all so serious just talking about what they needed to talk about.

I responded by saying the committee really needed her to help them keep a sense of humor while in the process of trying to promote it within the insitution. My thoughts at the time reflected my vested interest in the committee's succeeding with their humor promotion endeavors and my belief that Nel could play a crucial role in that happening. To my regret, Nel replied "Oh, it's not the right committee for me to be on. I can't see staying on it much longer" and then laughing, she added "There's not much I can do for that one! "

Another instance which showed the discriminating nature of Nel's ability to find the humor in her interactions with others was an account she gave of her reaction

to comments made about Canadian Indians. It was after ending our second interview when we were discussing cultural differences in humor that Nel mentioned her husband Frank was a Canadian Indian. I was intrigued at the time because of my sense that while inter-racial marriages were not uncommon, neither were they the norm. What was it like to have made that decision? During our final meeting, I asked if she could tell me something about this part of her life. Nel's "this is how I met my husband story" was told with the same memory for the details as previous stories she had told. Then she said:

> I never really thought about Frank being Indian when I met him. Sure I knew he was Indian but it never was big deal. When you meet somebody it's the person that counts, not their race. Our little girl started out as a blonde but now she's got brown hair. Well, sometimes it's burgundy! She's one though that you would never tell an Indian joke. Ooooh. She's very sensitive in that way. But proud, very proud. She kept her own name when she got married.

Nel elaborated further when I asked "So you yourself never experienced any pressures about being in a mixed-race marriage?"

> Well maybe once when we were expecting our daughter, my Dad said "So! You're going to have a little papoose." Frank overheard him say this and let's just say it didn't go over very well. But that was it. My Dad never said another thing about it. But Frank has been taken for being Japanese, Chinese, Italian. I mean he could be anything so it really doesn't matter. In fact it makes it kind of interesting! One time we were at a Japanese restaurant and we were having trouble reading the menu. When we asked for help the waitresse said "Oh I'm sorry. I thought you were Japanese."

As revealed by her following words however, Nel was well aware of the prejudice that can be directed toward Indians and how this in turn affected her:

> It's too bad. You hear someone say "Oh they're Indian" and right a way they're stereotyped. There is a lot of prejudice against Indians. When I'm around people who get really down on Indians I say "Gee, strange that you should say that! Did I ever tell you that I'm a status Indian?" It blows them right away. It's amazing how people try to back track. But it's already been said. I mean people are entitled to their own opinions but they should be careful what those opinions are based on.

Pondering the complexities of stereotypes, I posed the question "Maybe we have to be exposed to people who don't fit the stereotypes we carry about them if we ever

hope to change them?" Nel nodded her head and then told the following story that showed yet another way in which she had made use of humor in her life:

> When Frank was stationed at a Canadian base in Europe, I worked at a hospital with a Canadian Indian named Phil. We were on nights together once when he just got real quiet. I couldn't figure out what was the matter because we always had our chats. So anyway, I was about to give report in the morning to the matron when she asked "Are there any problems?" I said "Well, I wonder if there's something bothering Phil. He's not quite like himself." Well she started telling me about how she had worked up north with the Canadian Indians and she went on and on about the Indians and how much she knew about them and how they kept things to them selves, how they don't like to discuss their feelings, just everything. I was tired, I had worked all night and I just wanted to go home. So when she asked "Have you ever had any thing to do with Indians?" I said "Well, as a matter of fact I have. I married one." She said "Oh, oh, ah, ah, well is there any Indian in you?" I just looked at her and said "Every now and again, yes!" and then I got up and left.

Nel's manner and tone of voice were serious. The indignant look on her face quickly turned into a grin when I realized what she had said. She laughed and I, of course, joined in for it was a clever play with concepts that worked as well at that particular moment as it had so many years ago. Relishing the memory, Nel recalled the look on the matron's face with her mouth left hanging open. She said, in a way that could only be described as smug "She never once tried to tell me anything about Indians again!"

Curious about the way Nel characterized her behaviors and relationship with her husband, I began by asking if she and Frank shared the same sense of humor. Nel replied:

> Not really. He's very quiet. He kind of holds back but we can have a lot of fun. One place where he doesn't hold back though is on the golf course. We have more fun golfing together and it doesn't matter who we go with. That's one thing that has really helped us enjoy each other as a couple!

Without prompting, Nel shrugged her shoulders and said "You know, after you've been married for a while, I don't know." Looking pensive, her voice trailed off when she said this, but only for a moment. Then suddenly her face lit up and with a gentle laugh she said "You know we've been married over twenty-five years now. I think

it's a good job golfing season rolls around once a year and it lasts for a while." I smiled and nodded, appreciating the realities of the work that goes into a successful marriage as much as possible from my ten year perspective of such experience. Her explanation took an unexpected turn at that point:

> Oh man! Like yesterday I could have killed him. It's a good job I didn't have to meet you or I wouldn't have been in the right frame of mind. Like I thought "Get it together. There's more to life than this kind of shit. I don't need to put up with this."

This was a "new" Nel speaking, at least in terms of how she had come across in our previous interviews. It was a change not easily ignored and I had no other choice but to ask "What was the problem?" Moving her head from side to side and with a small "ha", she explained "Well, we were just alligatoring about some stuff and I hate being yelled at especially in the morning!" Not knowing what this was all about, I remained quiet. She laughed in an exasperated way and then continued:

> He got notice that he is no longer employed as of the end of the month. The jobs are zip you know. And I'm concerned and he's concerned but he takes it out on me. He yells at me and tells me I'm high strung. I don't know what the heck he's going to do and he's not even looking. I'm the one that's concerned. I was so upset the day he showed me the letter. I was just really upset. I thought if he's going to be the way he is now, he's so snarly and of course, it's all my fault. He's the one that's going to be unemployed and he isn't even looking in the papers. If you keep your eyeballs open there might be something that will come along. If you don't you just might be passing up something that's good. If this is any indication of what the coming month is going to be like, it's going to be tough.

Her anxiety and concern were understandable. I was certain it would be as stressful a situation for me if I were in the same situation. Given the letter had only been received however, I responded "Maybe he needs a little time to adjust?" Nel did not need any placating remarks from me however. Her anxiety was based on her concerns about the economic realities of their life:

> Well there is a fellow who's due for retirement and he's supposed to let them know by the end of the month. If he goes then Frank could still be there. But they've already given Frank the letter so I don't know. It's been real tough because I think, what are we going to do? We've got house and car payments. We don't need the size of house we have now but to start house hunting all over now? He's got to get it together.

I was acutely aware of how this experience was no doubt foremost in Nel's thoughts and wondered if it was even an appropriate time for us to be meeting. She had decided to come however and I decided that was indication enough to continue on. I was uncertain what else to say about the matter as it was something that could only be worked out in time. When I asked if in the past Frank had usually been able to "get it together", Nel responded "Yeah. Things usually work out." It seemed like a good point on which to leave the topic and I repeated my earlier comment "Well, maybe he needs a bit more time to work things out." Not convinced, Nel said "Maybe" and said no more about the matter.

In order to reorient us back to the purpose of our being together, I asked her about a comment she had previously made that "it never hurt to say something that was a little off the wall every now and again" and said how difficult it was for some people to do that. Nel, earnestly replied "It is, you know." Hoping she would share more about her thoughts about this ability, I said "I wonder why?" Nel immediately launched into an account of how she had helped a colleague develop in such a way:

> One of the girls at work was always so serious and sullen that it used to drive me nuts. She was professional to a 't'. We've had to work on her a little to loosen her up and now she's just like the rest of us. Well, maybe she's more subdued but I think she's learned to laugh a little more because we did so many things to her. Like now I'll do something and she'll come along, bop me on the shoulder and roll her eyes at me. She never used to do that. I say "Oh-oh, Lil's going to thump me again!" She knows we do things to her because we like her. Otherwise we wouldn't be doing anything to her at all.

Curious about "the things" that they had done to Lil, I asked Nel to tell me about some of them. She smiled as the memories came to her mind and she said "Well, we started by fixing up her car." She then went on to describe how an unsuspecting Lil discovered the plastic holly decorating the grille of her car when she stopped to investigate the "green stuff" that was flying off the front of her car on her way home from work, the basket of plastic flowers tied to the bumper of her car after driving all through the city dragging it behind and, most recently, her car in the hospital parkade

totally wrapped in plastic with signs warning people to approach only at their risk. Nel's eyes were twinkling merrily again as she recalled these pranks, which in Nel's opinion had helped prepare Lil to now expect the unexpected. "I like to do things that catch her by surprise" said Nel "to take the dare. Like the time we went for dinner a week ago" she said.

> Our unit clerk had entered the Christmas team gingerbread contest and she ended up winning a $50 gift certificate to a restaurant here in town. We all went for dinner with her and were about to leave when I said "Well I have to go to the washroom." So I go to the washroom and when I came out of the cubicle to wash my hands, Lil comes in and goes in the same cubicle. Another lady had come in just ahead of Lil and was in the next one. So I'm washing my hands and as I'm just drying them Lil said "How do you work this toilet paper?" I said "Well, I don't know but I find if you just roll it up in a soft little ball and drag it from front to back, it's pretty good." And then I just walked out leaving her in the washroom with this other woman.

Imagining how Lil must have felt, I burst out laughing at Nel's outrageous response, appreciating her ability to "pick out" words and give them such a different meaning from their original intent. Enjoying her joke yet one more time, Nel remembered laughing all the way back to the table. When everybody saw her, it was not a question of "What happened?" but rather "What did you do now?" Much to their delight, she told them how she had once again set Lil up. And just as Lil was getting used to Nel's antics, Nel was getting used to a perfunctionary "bop" from Lil.

As our time together drew to a close, Nel was pensive when she said "The older I get, I think more about making people laugh but I don't always see myself as someone who's witty or funny." What she did admit however was to feeling more confident than ever before in her life:

> I find it's getting easier to relax and just be myself as I grow older. If I want to say something funny to someone, I just say it now and I don't worry about it. But I don't say just anything to be funny. You have to be sensitive about what people can handle. I had a friend visit me recently and tell me that I seemed so confident. And I am. I feel more confident than I have ever felt in my life. For example, I used to feel that I had to make conversation with people but now I don't. If I've got something to say, I'll say it. It's not always something extremely intelligent but people aren't always looking for something intelligent. What people want most is to know that they count. And the important thing is to always mean what you say.

This sense of confidence also meant being able to let others know when something bothered her. She claimed she used to be more "uptight" at work. "But," she said "I've gotten over that and now I say 'This bothers me' and I ask myself what I'm going to do about it." These thoughts brought one last experience to her mind that illustrated her point:

> At work they say I can get away with anything. I don't know, maybe someday it will get me into trouble. One day I thought I'd gone too far when this doctor came up to the unit and said in a real sourly voice "I'm in bad humor!" So I said "Well get out. You have to leave. I'm sorry we don't allow anyone in here who is in bad humor." He said "Young lady I'll have you know the only reason I come here is to get cheered up!" I said "Oh good. Let's get on with it then." He glowered at me and I thought I was going to be dead meat. So did Ann. But here's this doctor grumbling about what bad humor he's in with all these patients in the room. Well pardon me but don't go expecting us to solve your troubles. Go solve them yourself and then come back when you're in a better mood.

With a look of resolve set firmly upon her face, Nel summed the situation up with "I wouldn't have thrown him out but I made my point." While she had a reputation for her ability to make others laugh, command performances were not to be a part of it.

Chapter 5

ANALYSING THE DISCOURSE GENERATED IN THE INTERVIEWS WITH ROSE AND NEL

Interpreting the discourse generated in my interviews with Rose and Nel has proven to be a complex and layered experience for me; one where I have experienced both times of what seemed to be insightful interpretation of the data as well as those when it was cause for distressful confusion. Where I might at one time have expected the "making sense of the data" to be a phase in the research process that had a discrete beginning and end, I now perceive it as something that goes on as long as one is willing to think about the data in light of what is known at the moment it is being contemplated. As all new moments are potentially affected by each that has passed, previous experience can be constantly reinterpreted in light of ongoing change. The process of my coming to understand Rose and Nel as I do at this particular moment in time reflects such changes. As such, my analysis has occurred in phases where one "naturally" leads to the next, due to continued reflection and the desire on my part to make sense of their discourse in terms of their each having a reputation for being able to use humor effectively. It is not difficult to imagine the possibility of this process being an infinite one, especially with something as complex and multifaceted as humor. Thus, rather than expecting to come to "the" end of this analytical phase, I have chosen "an" end to the interpretation process in which I have been engaged since the beginning of the interviews with Rose and Nel.

I approached the analysis of the discourse generated in these interviews with the notion that narrative affords the opportunities for individuals to speak from the point of view or position they hold within a particular time and place. This in turn is influenced by the social order within which they are situated and subsequently provides a reference point for the valued endpoints around which their narrative accounts are structured. The valued endpoint gives direction as to which experiences

and events are deemed significant by the individual perceiving them in terms of their effect on the individual's movement towards or away from that which is valued. Because the need to make life experience coherent is so basic and so readily accomplished through narrative structuring, human beings inevitably make sense of their pasts, presents and futures by organising their experiences into narratives that provide a recognizable ground to both understand and to be understood by others; what Grumet (1991) has described as "the masks through which we can be seen" which with every telling "stop the flood and swirl of thought so someone can get a glimpse of us, and maybe catch us if they can" (p. 69).

With this in mind then, it was through their storied sense of themselves that I got a glimpse of Rose and Nel. While they shared a reputation for being able to use humor effectively, their stories illustrated the unique ways in which they each had attached meaning to various life experiences. I first made sense of these differences in terms of the narrative structures each of them employed as they spoke about themselves and their memories as children growing up, young women pursuing different career goals and nurses using humor in their nursing practice. I then considered how their different ways of using humor might be understood in relation to ways in which they structured their life experiences over the course of their interviews with me. Before discussing that relationship, I will first explain how Rose's accounts of her life experiences followed a romantic course of events and Nel's, a comedic one.

Rose: The Unsung Dream

Rose's recollections of her early childhood were happy ones starting with her being a baby who always smiled and never cried. Taken under wing by her aunt at an early age, she cultivated her abilities to sing and dance and, along with her cousin regularly performed for various community occasions. Her personal love of singing

and subsequent recognition within her community for her talents were foundational to her feelings of success during this time in her life.

This progessive storyline took a regressive turn when she recalled what happened around the time when she entered grade seven, the beginning of her adolescent years. Her close relationship with her cousin ended with their different approaches to decisions about dating, drinking and alcohol. This loss, along with the realization that her family's desperate financial situation meant having to sweep the school, was a time of pain and embarrassment for Rose. To make matters worse, she gained weight and suffered from feelings of shyness. To cover this confusing array of emotions, no longer indications that she was doing well, she assumed a cavalier attitude about it all, clowning about in class and making irreverent comments to those made by her teacher. Her antics, while appreciated by her classmates were viewed less favorably by the authorities and thus contributed to the regressive turn in her storyline at this point in her life.

It was not all downwardly oriented however. In true romantic form, Rose spoke about how, out of all the pain and struggle during this time of her life, there came some good; because of her personal experience with painful experiences, she became more sensitive to the pain of others. This, to her, was a strength and something that was consistent with the altruisitc values with which she had been raised. Her account of being told she sang well enough to go to Big City, U.S.A. was evidence of another progressive development in her storyline during this time of her life. Describing it as a seed that was planted in fertile ground, the comment established her dream of future achievement which is a necessary feature of a narrative structured according to a romantic course of events. With her sights thus set, negative, degrading experiences became more tolerable as she plotted her way through them, evaluating their meaning in terms of her desired destination rather than by the unfortunate circumstances of her then-present life. Sweeping the school

became a time to perfect her singing and the goals of early marriage and motherhood to which others her age were oriented became obstacles to other more promising and fulfilling opportunities in life.

While she became the nurse that her mother wanted her to be, nursing was a means to another end for Rose. To most, if not all, her going to Big City was an adventure, a time to explore the world a little before settling down to a more usual kind of life. If this had been the case for Rose however, her account of this experience would have taken a more comedic form and been a shorter lived experience. Going there and following through with singing lessons alone would have satisfied her spirit for the personal release that such experience affords. Instead, Big City became the testing ground for Rose to pursue her dream; one that inevitably imposed limitations that come with being exposed to the world. Finding a singing teacher who would let her sing the way she wanted to sing was one such limitation. Where singing had been the source of so much joy and hope in her life, under the tutelage of others, it soon became a chore. With every joyless lesson taken, Rose's disillusionment grew. She lost sight of her dream to sing on stage and eventually, the time put into singing lessons gave way to the development of friendships, continued involvement in nursing and marriage.

With the loss of something valued however, there is always the possibility that it can be found again if the effort is made to look for it. Such was the case with Rose. Even though she had stopped singing and talking about her hopes to perform one day, her memories of how it felt to express herself through song stayed with her. The crisis that is a part of every romantic plot developed over time for Rose as the implications her personal and career decisions had on her singing became apparent. One contributing factor for this crisis had already been faced with the decision to leave her husband; a person whom she felt had always been threatened by her love of singing. Another was still part of the struggle in which she was still engaged and not

one being faced quite so squarely, yet; in having been a nurse for over twenty years, she had never really wanted to be one. Rather, from the beginning and to the present, the major appeal of nursing was financial in nature, first as her "ticket" to get to Big City, U.S.A. in order for her to sing and now, as a means for her to pay the mortgage. Never having gone beyond taking lessons however, Rose had questions about her failure to follow through with her dream of singing. Was it because she lacked the courage? Was she afraid of failing? Was it easier having a dream unsung than discovering it was an impossible one? Had she been so oriented to doing what she thought others needed her to do that she had failed to do what she needed for herself? With such self-doubts about the wisdom of her past decisions, Rose questioned her ability to make decisions about her present circumstances, let alone whether she would ever know what might give meaning to her life.

In spite of all this, Rose let it be known there was reason to hope the crisis could be resolved and that the struggle involved in doing so was worth the effort. Whether it meant investing in a Karaoke machine or coming to terms with the futility of further studies in nursing, there was the sense that the moment might be recaptured when, even as one of many voices, she would sing for the sheer joy of it, making a sound so purely herself that it could not be denied; much like the song of a bird with its head held high to the sky, a sound that claimed "In the midst of all this world, I am." With her dream thus unsung, the struggle was not yet over for Rose.

Nel: What You See is What You Get

In contrast to Rose's discourse following a romantic course of events, Nel's account of her life experiences resembled that of a comedy. The management of the crisis in the ritual breach-crisis-redress format of Rose's account involved pain, suffering and agony. There was little evidence of such struggle in the discourse generated in my interviews with Nel. Rather, life to Nel was fun, whether planned as such or otherwise. Where the forces that threaten the attainment of some ideal in a

romantic narrative are interpreted as serious enough to warrent doing battle with them, the conflict in a comedic structuring of life events originates from obstacles in society that prevent the expression of a youthful spirit and motives. To succeed as a comedy, such obstacles are overcome through adventure, festivity or sociality and the subsequent release of those aspects of the self that have been repressed. With this release accomplished, a healthier social unit is restored and all returns to normal. Narratives structured as a comedy always end on a positive note; everything has a way of working out in the end. Such was the way Nel spoke about the events in her life.

Starting with the description about her family being the "poorest people around," it was not that Nel perceived herself as disadvantaged by such circumstances. Instead, a life so uncomplicated by materialism was remembered for the opportunities and adventures it offered. Being poor did not mean a childhood without fun and friends; it did mean learning the value of work however. Her "first-you-work-then-you-can-play" philosophy developed early in her life and surfaced in several stories she told about herself, complimenting the repression and release of the youthful energy pattern essential to a comedic structuring of experience. At school, for example, where academic achievement was as important as socioeconomic status in "keeping up with everyone else", Nel worked hard to prove herself. Reserving the classroom as the place to work, she saved her jokes and playful spirit for places like the school hallways and cafeteria. As one might expect in a comedic structuring of events, Nel's perception of being poor was not presented as a struggle but as an obstacle that had been overcome.

To Nel then, her experiences in life, even the unexpected ones, had a way of working out. This was particularly evident when she described herself as someone prone to making bloopers. While her falling into the creek or tumbling off the stage might have been initial cause for embarrassment, such blunders on her part were

ultimately managed through the release common to a comedic structuring of events. With no harm done, her mistakes were laughed about and attributed to such things as youthful curiosity and the need for further development; breaches in the expected course of events that were cause for festivity and the momentary celebration of an unbridled sense of youth. After such release, life resumed as normal and all the better for having laughed.

Her sense then was that fun was a natural part of life that initially required no more than for her just being in a particular spot at a certain time where things just happened. It was evident however that over time she had become more than an innocent bystander watching the follies of life appear. Having discovered the fun of unexpected occurrences in her own life experience, her stories show how she took a more active role in bringing "the unexpected" about, particularly in the lives of her patients and nursing colleagues. Whether a person had cancer or cared for those with cancer fit well with a grow-up-and-get-serious perspective about life. To Nel however, while having or caring for cancer involved serious work, there was also room for play. Too much attention to the work of cancer inevitably repressed the playful spirit that in Nel's opinion existed in everyone, just waiting to be discovered. Some people just needed a little help in finding it and she was more than willing to assist them.

Her accounts of helping others were not ones of heroic action. Rather, her approach continued it's comedic course as she gave example after example of deliberately "undoing" the normal expectations of her patients and colleagues. Whether it was through her re-interpreting the meaning of a word, a piece of fur or a garbage can, Nel's patients and nursing colleagues would find themselves engaged in a convention-defying opportunity and an invitation for youthful spirits to come out of their hiding places and play. Such breaks in convention, while temporary in nature, were proof that the spirit of life and energy could still emerge victorious, no matter

how momentary, over the despair and fear of death that understandably accompany cancer.

Narrative Structures and the Expression of Humor

The differences in the way Rose and Nel each made use of humor were apparent early on. Where Rose's style was to make fun of herself and others, Nel's approach was to say and do funny i.e., unusual things. I first made sense of these differences by examining how their use of humor related to the narrative structures they employed in their interpretations of life experience.

Humor Arising Out of a Romantic Structuring of Experience

While Rose claimed her favorite way to make people laugh was through insulting them in such a way so as to not hurt their feelings, it was evident she found it easy to poke fun at herself as well. Given the image of the struggles that characterize a romantic structuring of experience, I examined her preference for this kind of humor in terms of the role it played as a weapon for Rose. With concepts like offensive and defensive maneuvers coming to mind, offensive connoted movement towards i.e., attacking a desired position or goal and defensive, protecting the position currently held, shielding or covering up what was most vulnerable about it. As such, I began by exploring the possible ways Rose's use of humor constituted offensive or defensive maneuvers on her part in relation to the valued endpoints towards which she was oriented, starting with her choice of the word "insult" as the description of her favorite humor production strategy.

Taken at face value, an insult as an intentional attack on another, is an offensive maneuver, both in the way it is given and received. To Rose however, the kind of an insult she used to make people laugh was not offensive at all. Rather, in her opinion, a humorously put insult was her way of showing others she had not only noticed them and some idiosyncratic charateristic or behavior about which she thought they felt secure but that she accepted them as well. Thus, when calling a co-

worker on her "anal-retentive" behaviors, it was because Rose both acknowledged and respected the co-worker for who she was and what was perceived as a personal strength. The same could be said for her exclaiming "Probably not!" at the end of our final interview in response to my own exaggerated claim that "I was just trying to say something important." Our relationship had been a mutually supportive one, affording our exchange with each of us trusting the other enough to break some rules having something to do with the social value placed on modesty and respect for others. With my play at boasting, Rose continued the game that we had entered, putting her favorite humor producing strategy into action. After serving her insult, the line of play was completed. It was a satisfying, amusing, self-affirming moment for me. Not only had Rose demonstrated her witty appraisal about what she thought was a safe focus for an insult, it was also an opportunity for me to demonstrate that I was indeed strong enough to take the insult.

This humor production strategy was consistent with Rose's self-perception that she was not only sensitive to the pain of others, having empathy rather than contempt for them but capable of taking an irreverent stance on anything she deemed to ultimately be insignificant in life as well. An irreverent attitude is a defiant one; something that, for any person engaged in a struggle, would serve them well. Where an insulting comment by itself is on the surface an irreverent one, depending upon it's emotional origins, an insult can just as easily communicate feelings of affection, admiration and regard for others as it does hostility (Oring, 1994). In order for an insult not to hurt, its origins would necessarily have to be nonhostile in nature. The humorous abuse, witty remarks and exaggerated insults that Rose liked might be best understood then for their shield-like, defensive function rather than their value as an attacking, offensive maneuver; an indication that Rose was battle-wise with her protective gear intact. Like any shield, such humorous covering served as a protective device with it's potential to deflect whatever blows that came her way. However, the

decision to use a shield in the first place is suggestive of something soft and tender residing behind it.

While Rose claimed that insulting others was her favorite way to make others laugh, she was just as likely to make herself a target of some deprecating comment. Her account about arriving to report for work at the hospital in Big City, U.S.A. was one such example where, when discovering that her arrival was unexpected, she still managed to regret one of the more trivial realities of the moment: amongst all the fashionably straightened locks, hers was the only hair with curls. It was a story that allowed her to expose and poke fun not only at her naiveté but her vanity as well, made all the easier given how all worked out to her favor in the end. Similarily, she laughed about how in being so "scatterbrained" she was capable of leaving her locked-up car in an underground parkade, with its engine still running while rushing off to get to work on time. Laden with entertainment value, these were the stories she told "on" herself; nonhostile presentations about her idiosyncratic, but essentially successful life experiences. They were, as she explained, accounts of those things about herself that she was "not willing to change." Much like her deliberate effort to tease others only about what she perceived as their strengths, she made fun about those laughable but nontheless loveable aspects about herself as well.

Not all of her self-deprecating remarks generated such laughter on her part however. One example was when she wryly noted that in having described herself as a shy person who had trouble thinking of anything to say, she nonetheless took "pages and pages to say it". Another was when I said "I know you have been taught not to talk about yourself" and Rose was quick to point out "You can see I've overcome that quite well". As witty comments, they stood well on their own but it was me who laughed at them, not Rose. Perhaps such remarks exemplified what Rose meant when, in her effort to make other people feel more comfortable around her, she would deliberately deprecate herself. But the absence of her laughter or a soft

expression on her face caused me to question the underlying feelings that accompanied them. Rose seemed more exasperated than amused if anything in these instances; as if in her being uncertain about how to react to the contradictions between her words and her behaviors, the more appropriate response was to assume a mildly offensive stance than to join ranks with what was not understood. When Rose claimed that for all of her life she had made herself out to be "all wrong and bad" and someone with "character flaws", or called herself "lazy, procrastinating", or identified "stupidity" as the quality it took for her going to Big City, U.S.A., it was evident that Rose not only had the capability but was also willing to attack herself, to put herself down. In all of these instances, my immediate inclination, which was not always verbalized, was to come to her defence and to soften the blows she was dealing herself.

Perhaps these instances of self-deprecation were, as O'Connell (1976) has suggested, examples of how everyone to a greater or lesser extent is skilled in constricting their potential through feelings of worthlessness, blame, isolation, and the inability to change depending on the circumstances of their lives at any one particular moment. However, these more critical presentations about herself caused me to question the negative versus positive oriented origins of her humor producing abilities. Perhaps such hostile self-deprecation was just a more serious form of weaponry needed to manage the struggles and battles in her life? Or, maybe it served as a reminder about the reasons for her losing previous battles for which she had contempt? Much like a bully who relies on intimidation to get his or her way, was Rose's self-deprecation a means of goading herself into overcoming those aspects about herself not yet proven to be battle worthy?

But how was I to interpret the way she used humor in terms of that part of herself that would "always be disappointed", at least until she did something meaningful with her life? Perhaps her penchant for making fun of herself and others

was her way of protecting and keeping that disappointed part of herself under cover, as a way to ultimately defend herself. This seemed to be the case with my attempt to summarize her differentiation between being "shy" and "careful" with people. The moment was serious as I searched for this "truth" about her; a moment to her, however, that had more the feel of a therapy session than the conversation-like interview experiences she had come to expect with me. Her laughter reminded me that ours was a research relationship and not a therapist-client one. With her playfully dramatic move toward the tea pot, Rose successfully negotiated a humorous break and in effect re-directed the focus of my analytical endeavor from one on her alone to one that included me as well.

As a defensive maneuver on her part, it kept me at a distance, perhaps much like what her colleague meant when saying Rose's humor kept people "at bay." Were such distancing effects necessary for Rose to maintain the perception that she was someone who helped others rather than who needed help? While this orientation was commendable and one Rose recalled having since childhood, it came with a price. As her claim "If I focus on me, than I can't focus on them" implied, being sensitive to the needs of others necessarily meant disregarding what she needed to do for herself. While she regarded this sensitivity to others as a personal strength, it was also a source of conflict and confusion for Rose in terms of doing what she wanted to do for herself. How was I to make sense of such conflict and the role it played in her being able to use humor effectively? Could it be that underneath it's defensive cover was a disillusioned and disappointed spirit for having lived her life too much for others and too little for herself?

Humor in a Comedic Structuring of Experience

And what about Nel? Because of her comedic structuring of experience was she best understood as someone who was a comedienne? She was, afterall, the one study participant who did not register any surprise in being identified by her

colleagues for my study. Nel's various escapades exemplified, time and time again, her willingness to momentarily present alternative interpretations of the traditional professional nurse-patient relationship. Her getting into bed with a patient or remaining in the reclining chair garbed in patient paraphernalia or jumping in and out of boxes were all examples of behaviors that, by most standards, demonstrated at least a playful, if not a clown-like spirit. Her philosophy, that humor could be found anywhere if you just looked for it, left the impression that she was someone who could make light of things, demonstrating that life did not have to be such a serious, dreary endeavor. Her approach was not to change the circumstances that constituted a particular reality but to change the way in which that reality was perceived; to be released from it rather than having to struggle with it. This was particularly evident in the stories about her willingness to share her burps with one patient or her turning the side effects of chemotherapy into an April fool's joke on another.

Her response to the humor committee and the way it was managed was perhaps another example of her preference for release from over having to struggle with obstacles that prevented her from attaining the valued endpoints towards which she was oriented. When she declared her intention to leave the committee, I was disappointed. The process of promoting humor it seemed should be done by people who were humorous themselves, who were personally able to put it into practice and Nel was such a person. From her time spent with the committee to that point in time however, any personal experience of humor had been stifled rather than facilitated by the way the committee had functioned. Instead of remaining on the committee and changing it so humor might be experienced in the process of planning for it, Nel's decision was to remove herself from the situation. What could her reasons be? Given the committee's lax approach towards time, it was possible that Nel simply perceived it as a waste of her time and something not easily ignored given all her other nursing care responsibilities that needed to be completed on a daily basis. While she described

another committee experience where as chairperson she was an efficient manager of time, in this situation as a committee member she had remained silent about her concerns. Was it because she thought it inappropriate to impose her needs on the others for whom time was a less relevant matter? She had described herself as someone who could always find something to laugh about whatever the situation. Had she looked for the humor in this situation and, in finding none, decided it was a cause more easily abandoned, not worth the effort to make it better? I thought about how in Nel's work-first-then-play structuring of life experience, there had been no sense of struggle, pain and suffering in her accounts. Was her approach best understood then as a search for release from whatever obstacles she encountered and, if not discovered, a case of moving away from the obstacle and letting go rather than doing battle with it?

Such questions caused me to think about a scene I witnessed during my humor programming days where a patient, waiting for his appointment to see his oncology care specialist, smiled and said to a nurse hurrying by him, "I've been waiting here for a long time and this chair is getting harder by the minute! Maybe I've got the wrong day?" While the smile was there, so was the serious intent of the message, hidden within the ambiguous framework of a humorously put comment. He might have just as easily said "My time is as valuable as anyone else's time, why must I be made to wait like this?" Without stopping (afterall, she did look very busy) and taking the comment as a joke, the nurse smiled back, calling over her shoulder as she passed by "Oh it's the right day alright! Next thing you'll be asking for is a reclining chair with a built in massage system!" The patient laughed and said "That's right" and continued to smile as the nurse disappeared from sight.

I thought "Why not? If people had to cope with waiting long periods of time for their appointments, they should be made to feel as comfortable as possible." Another alternative would be, of course, to reduce the time patients were made to

wait. While there were many possible reasons for excessive waiting times, I questioned how many of them were related to institutional needs, more oriented to organizational efficiency than the needs of the individual patients. Taking the matter seriously would have required time and effort to investigate it and to determine alternative approaches to the current appointment making policies. Tempered by the playful tone in which the patient's comment had been made however, the nurse took a less time and energy-consuming approach. By conjuring up notions of motorized comfort chairs, the nurse changed a potentially legitimate concern into a laughable one, paradoxically putting it down i.e., into practical perspective, with her imaginative, extravagant solution.

Changing the way a problem is perceived so that it becomes a laughable rather than an anxiety-producing event is no doubt an important coping strategy. Depending upon their consequences however, coping with problems through laughter alone will not always be an adequate solution. Laughter and smiling have long been recognized as signs of deference and submission, a customary sign of nonaggression where the intention is to leave matters as they are rather than to make any changes. Was this how Nel had come to use humor? Her ability to perceive the humor in the ordinary, perhaps even dreary and quite possibly distressful realities of life had a positive effect when such perceptions were cause for laughter. By accepting life as it was, choosing to alter her perceptions of it rather than the circumstances that made it like it was, was Nel's happy-go-lucky perspective a way to avoid having to get too seriously involved with anything? McGhee (1994) has observed how people who are too lighthearted and playful risk being seen as shallow people, oblivious to the real problems of the world. Was this the case for Nel? I thought back to Nel's account about the patient who refused Nel's invitation to engage in a lighthearted exchange regarding decisions about post-procedure comfort measures such as juice, coffee and milk. How much

did her lighthearted orientation towards life prevent her from perceiving when it was a more serious endeavor for others?

Rose and Nel as Effective Users of Humor

By this point in my analysis, I was grappling with some rather basic but disconcerting questions about Rose and Nel and the ways in which they made use of humor in their lives. What sense was I to make about that part of Rose that would always be disappointed because it had never been fully attended to nor expressed? Perhaps Rose's ultimate skill in using humor was more a way to cope with this underlying disappointment in herself than for any other reason? And how was I to determine if Nel's humorous perspectives about life experience prevented her from engaging in more serious interactions with others when called for? Did her use of humor keep her from becoming more meaningfully involved in the lives of others?

Once again I found myself questioning whether Rose and Nel were the "right" people for me to be interviewing. How closely did they characterize people who made effective use of humor? I found myself feeling uncertain again about my having not defined the meaning of effective use of humor when seeking the opinion of others in my search for those who used humor effectively in their nursing practice. To me, the word effective implied humor that "worked" in that it was "successful." Successful in turn carried a positive connotation with it. The implication of effectively used humor then was that it had a positive effect on those who experienced it. These notions, while undefined, were confirmed for me by the reactions of all those who had been identified as potential participants for my study. Their feeling complimented to be so regarded by their peers was an indication that it was a positive phenomenon in their minds as well.

From the literature previously reviewed, I had several preconceptions about such humor and those who brought it about. For humor to be interpreted as a positive experience, it had to be perceived as nonhostile in it's intent, originating out of

feelings of acceptance, support and good will. Because of it's nonthreatening effects, positive humor invited those involved to let down their guard i.e., to disarm and to interact in an open and trusting manner with each other. A person then who used humor in a nonhostile way and hence, for it's positive effects was someone who felt personally secure and unthreatened by others and thus accepting of their own position in the world as well as the positions assumed by others with whom that world was shared. During the interviews with Rose and Nel, it was inevitable that I would compare them and what they said to what had been written about humor as a positive experience and what those who used such humor "should" be like. When Rose and Nel described themselves or their experiences with humor in ways that fit my preconceived notions of humor in it's positive form, it made sense to me, confirming why they had been identified by their collegues as nurses who used humor effectively in their nursing practice. However, when their self-descriptions were contrary to those expectations or if there were contradictions within their discourse from one interview to the next, it became a more confusing experience for me.

With Rose for instance, what conclusions were to be drawn from her concern and regard for the needs of others which, from her perspective, necessarily meant disregarding what she needed to do for herself? Did her self-sacrificing, altruisitc orientation arise out of what was basically her humble and unpretentious nature? Obviously, she was not a person who found it easy to focus herself too much or for too long a time, let alone in an arrogant or egotistical manner. If anything, I was left with a nagging sense that Rose was too critical of herself. How was I to interpret those times when she objected to talking about herself with me? What were the origins of her aversion to being "too full of herself?" What meaning did this reluctance to talk about herself, let alone her "it's-either-their-needs-or-mine" perspective have in terms of her self-regard? Was Rose better described as a person who disregarded herself and put herself down for the sake of others? In having

learned so well to take care of others, had she missed learning how to take care of herself?

But then, there were those times when Rose spoke with the conviction of a person clearly oriented to herself; when, as a teenager, resolving to follow her own life course rather than the one being taken by the majority of her peers or, as a nurse, declaring she could never pursue a degree in nursing studies just because someone else thought she should. And yet, in her lament about nursing having never been a satisfying means of self-expression, she wistfully reverted to questions about what she might actually do with her life if "they" told her she could no longer nurse without a degree in nursing. Was this an indication that she personally lacked the courage or confidence to make such decisions for herself? On one hand Rose was open to self-doubt, even questioning if she had "ever had enough confidence and self-esteem" to do what was personally meaningful to her. While she was uncertain about what might add meaning to her life, she was equally certain about what would not.

Similarily, there were contradictions in the discourse generated in the interviews with Nel. On one hand she described herself as an easy-going, laid-back person who took herself for what she was without thinking anything of it while at other times, she spoke about being "uptight" at work and how her husband accused her of being "high strung" or how serious, sullen Lil "drove her nuts." While she claimed that she had never thought of humor as something about which she deliberated too much, she never expressed any doubts about her ability to make use of humor either, effortlessly telling story after story about all the times and ways she had made others laugh. Nel presented herself as an uncomplicated person who preferred to laugh at her experiences in life than to become too analytical about it. Her intial response to my question regarding the challenges of a mixed race marriage, for instance, suggested she was oblivious to any problems that might be generated within

such circumstances. At a later point however, Nel's sarcastic response to the matron's inadequate generalizations about Canadian Indians suggested otherwise; there were some aspects of life that deserved a critical rather than an amused response on her part. The same could be said about her stated difficulty in accepting her husband's way of responding to the threat of unemployment and her unwillingness to comply with a sourly doctor's expectation that she humor him. Nel was not always the carefree, outrageous person that many of her stories suggested she was. She could be critical and take a stand on issues by which she was bothered. Maybe Nel's "off-the-wall" antics and comments were part of a concerted but unarticulated effort to undermine the repressive effects of traditional codes of professional conduct? Or did they come so naturally to her that whenever someone failed to respond-in-kind (such as the patient who asked for juice, coffee and milk) Nel took it as a personal offence rather than as a professional misjudgement on her part?

Making Sense of the Variable Self-Images of Rose and Nel

This initial analysis of the relationship between the narrative structures employed by Rose and Nel and the subsequent effect on the ways in which they used humor was much like what Potter & Wetherell (1987) described as a traditional approach to categorization; a way of grouping that depends on potential members sharing enough features of the prototype around which the category is organized. Such categorization recognizes what its members have in common and hence, what makes them a group, emphasizing their similarities while down playing their differences. Because group members are both the same in some ways and different in other ways however, Potter & Wetherell (1987) have argued that an adequate examination of any phenomenon must focus on particularization processes where the unique features of each case are established as much as those of categorizing them according to what they have in common. In their opinion, efforts to understand phenomena through categorization processes based on similarities alone inevitably are

problematic for a number of reasons: differences must either be disregarded or made to fit through gross categorization strategies; decisions regarding what or who fits into which category are replete with bias; and, once established, such categories have fixed boundaries, suggesting that what or whoever fits within them is constant and enduring as well. However, the "embarrassing presence of radical and pervasive variability" in the discourse generated by individuals undermines such theorectical perspectives which seek "to reveal an illuminating consistency in social life" (Potter & Wetherell, 1987, p. 122).

Any sense that my interviews with Rose and Nel were a disconcerting experience served as a personal testimonial to such problems. While the interviews afforded each the opportunity to describe her unique experiences in life, my initial response was to make sense of their accounts in terms of how they characterized a romantic or comedic structuring of life experiences and how that structuring in turn related to their ways of using humor. By the time I was questioning the reasons behind their use of humor and how these related to the prototypical features of effective humor and those who made it happen, I was engaged in a futile analytical struggle. I was trying to make two individuals, in all their varied accounts of themselves in different circumstances and times of their lives, fit the features of a group derived from what people making up that group had in common.

I could have interpreted Rose's vacillation between feelings of certainty and uncertainty about her life as an indication that she was basically a confused and unhappy person who armed herself with humor to prevent further injury to an already wounded soul. Or, with Nel's orientation towards the humor in whatever the situation, I could have cast her as a person who had difficulty taking life too seriously; someone you could count on for a laugh but not necessarily a serious conversation about anything of substance. Such generalizations were appealing because they seemed like neat, tidy ways to explain what seemed to be initially

apparent self-presentations in their interviews with me. However, any inclination to resort to such views of Rose and Nel was an indication that I was still trying to make sense of their discourse as if it was a mirror reflecting some foundational truth about them, making sense of all they said and did. However, given the inconsistent, sometimes contradictory self-images that each drew of herself throughout their respective discourses, I ultimately had difficulty accepting these as adequate explanations for why Rose and Nel used humor as they did. Within those varying accounts of themselves were clues about the functions of their discourse; what it was doing for them at the moment it was generated. Rather than responding to it as a mirror, reflecting something enduring and consistent about each of them, I had yet to make the shift towards functional analysis of discourse advocated by Potter & Wetherell (1986).

Functions of the Variability in Rose and Nel's Discourse

I started again, this time asking what their discourse was doing for them from one instance to the next rather than how it characterized them as individuals. Rather than being perplexed when an individual might express one opinion on one occasion and a different one on another, a functional analysis of such variability recognizes the temporal and contextual influences on the generation of discourse. Working with their variable self-descriptions rather than eliminating them with increasingly gross categorizations, I began seeing Rose and Nel through a more complex lens than the one afforded by the prototypical categorization processes towards which I had been previously oriented.

Rather than wondering if Rose was a disillusioned, disappointed woman who had lived her life too much for others and not enough for herself, I questioned what functions were being served by Rose's description of herself, for instance, as a person who was both proud and regretful about her sensitivity to the pain that others felt and subsequent willingness to help them meet their needs rather than attend to her

own. And what might be the reasons for Nel describing herself as a person who believed in the potential of humor in every situation as long as it was appropriate and then describe a patient who failed to respond to a humorous overture as "jammy" rather than assessing the patient's response from a more accepting, professional perspective?

Exploring what functions such variability in their discourse served was the first step towards uncovering the interpretive repertoires that Rose and Nel used to present their sense of self in their interviews with me; the ways that, to Potter & Wetherell (1987), all people made use of language to "perform different sorts of accounting tasks" necessary for the demands of the inevitable "ever-changing kaleidoscope of situations" that are a part of life (p. 156). Various interpretive repertoires for making sense of life experience under different circumstances give rise to variability in the discourse generated by any one individual in conversation with others. In turn, particular repertoires associated with particular sets of circumstances afford new sense-making patterns that are more sensitive to the effects of changes in the contextual and temporal circumstances under which any discourse is inevitably generated.

My challenge was to understand the variability in Rose and Nel's self-images in terms of the interpretive repertoires they were using for a public presention of their sense of self (in this case, to me; a person whose original interest in their ability to use humor effectively had evolved to asking them to tell me stories about what they were like as a child growing up, as a young woman pursuing a career in nursing and so on). Murray's (1989) thesis about the narrative construction of identity provided a potential framework from which to analyse the variability in their respective discourses. Integral to his position were the constructivist notions developed by Harré (1983) about self being the identity one acquires as a social and a personal being. Where the social mode of being contributes to a social sense of self and the

attributes shared with those making up some relevant reference class, the personal mode of being contributes the sense one has of being a unique and numerically identifiable human being. Thus, according to Harré (1983), the development of any sense of self is a constructive process based upon two projects: finding a social identity i.e., an honoured place in the social order of life and hence, the social significance of one's life; and, maintaining a personal identity i.e., a biographical uniqueness amongst all those with whom the social world is shared and hence, the personal significance of one's life.

Because narrative was the only means by which to adapt personal experience to the social contexts in which it occurs, Murray (1989) argued that the narrative structuring of life events played an important role in the establishment of identity. In his opinion, a romantic structuring of events, where an individual seeks out the virtues lauded by society through various tests of endurance, courage and autonomy was useful in establishing that aspect of identity gained from the roles and place assumed or vied for in the social order. In turn, a comedic structuring of events allowing for the release of those aspects of one's personal identity denied expression for the sake of social identity projects contributed more to that aspect of identity gained from the personal mode of being. A comedic structuring of life experience was an expression of a free and spontaneous self, experienced as lightness in being that comes with an orientation towards one's personal rather than social mode of being.

With these theoretical frameworks in mind, I examined how Rose and Nel's discourse represented the ongoing process of self-construction in which they were each engaged as it related to their personal and social sense of being. Rather than trying to understand them as individuals who either fit or did not fit a particular definitive category, I began to look at them as individuals enagaged in making sense of who they were and some of their life experiences up to that time when they were interviewed by me; an evolutionary process suggested by such comments where Rose

claimed she felt better about herself than she had ever felt before or Nel's claiming she was more confident then she had ever been before, indications that they perceived themselves to be changing and developing over time. Moving away from taking their language as a reflection of what was constant about them to perceiving it as a tool, a means by which to accomplish what they valued in terms of the position they currently held, took me to a new and more interesting interpretation of their discourse. It was one that accommodated the variability in, as well as what was consistent about, the ways in which they talked about their sense of self, making it possible to understand them more flexibly as individuals who interacted with others in a social world, all the while trying to make those experiences sensible in their personal world of thought and action.

Social and Personal Modes of Being as Interpretive Repertoires

Analysing Rose's discourse in terms of how she was using it to describe the social and personal identity projects with which she was or had been engaged enabled me to make new sense of what I had previously interpreted as inconsistencies in the way Rose talked about herself. Her orientation towards others and her subsequent concern that this meant sacrificing her own needs so that she might accommodate the needs of others no longer signified an uncertain, disillusioned individual using humor to cover up her unhappy reality. Such discourse rather represented the process necessary for Rose's ongoing construction of her own identity determined as much by her social as her personal sense of being.

Following Murray's (1989) suggestion that romantic narrative structures were useful in the establishment of social identity, my initial perception that Rose's discourse followed a romantic course of events could, in turn, be used as evidence that Rose's identity was more oriented to her social rather than personal sense of being. Such seemed to be the case in those stretches of discourse she used to describe herself as someone who, in her sensitivity to the needs and pain of others, assumed

such roles as the peacemaker in her family, the class clown in her school or a self-deprecating nurse to put her highly anxious patients or co-workers at ease. She became the nurse her mother wanted her to be, put aside her dream of singing so as to reduce the threat it posed for her husband and spoke of staying overtime to complete what she perceived to be her responsibility rather than placing the burden of an incompleted task on others. Such narrative accounting exemplified Rose's sense of herself as a social being and her perceptions about the expectations of others on her to behave in particular ways. In turn, these stretches of discourse were useful in demonstrating the social significance of her life and hence, the means by which Rose could explain the contributions of her social sense of being to her overall identity: what could be called her *social being interpretive repertoire*.

The image of Rose as someone who, in having lived for others, had sacrificed doing what she needed to do for herself was a strong but not necessarily a pure one throughout her discourse. While she was oriented to the needs of others, there was a limit as to what she was ultimately willing to to do, suggesting her experience of being was a personal as well as a social phenomenon. The contradictions in her self-image that I had initially perceived in Rose's discourse, (particularly arising from her either-their-needs-or-mine orientation) became sensible in terms of her identity as a construction resulting from both her personal and social sense of being. In other words, Rose not only had an interpretive repertoire from which to draw for providing an account of her sense of self as a social being but one that also accommodated her sense of self as a personal being as well: what could be called her *personal being interpretive repertoire*.

Rose's personal identity work was evident when she added her own particular stamp to the nursing role she had assumed for over twenty years. She was not just *any* nurse but one who had difficulty getting to morning report on time, one who was capable of being "frazzled" during the course of a working day and one who

inevitably worked overtime in order to complete any work that remained unfinished. As idiosyncratic characterisites that made her unique from other nurses with whom she worked, these were well represented in Rose's account of parking her car and rushing off in order to get to report on time, with the engine still running. The story served to maintain a personal identity for Rose within the social role she fulfilled as a nurse. In describing her reaction to the demand made upon her to be on time for morning report (like other responsible nurses), Rose established what made her biographically unique as a nurse. Presenting herself as a person who was, and would likely always be late (in spite of the expensive therapy sessions to which she went in order to learn how not to be late), Rose used the story to show her personal success in encouraging the head nurse to be more flexible about such matters and to recognize other ways in which her nursing staff demonstrated a commitment to responsible nursing care. By laughing at her self, inviting others to do so as well, Rose was able to present an idiosyncratic image of her self; one by which she meant no harm and thus could be accepted by those constituting the social order in which it was presented.

Other personal identity work in Rose's accounts about her self was evident when making clear she had no desire to pursue studies towards a degree in nursing, a stand contrary to what many of her colleagues were doing. As such, this stance contributed to what made her biographically unique from what in her mind was a well-supported trend in the nursing profession. While this decision contributed to uncertain career prospects for Rose as a nurse, it nonetheless served as proof that, in having discovered how nursing was an ineffective means of self-expression, she was able to maintain a sense of personal being within her social sense of being a nurse. While an account of her pursuing a career in singing might have fit what Harré (1983) perceived as a social identity project at an earlier point in her life i.e., to become like others who sang for their living, Rose's account of herself as someone who loved to

sing now served as personal identity work, a characterisitc that made her different from those with who she worked and who have never experienced the personal thrill of reaching and holding a high note in song.

Just as they were in Rose's discourse, so were the social and personal identity projects with which Nel was or had been engaged apparent in her discourse. Referring once again to Murray's (1989) connection between comedic narrative structures and personal identity, I considered how Nel's comedic accounts of various life experiences depicted her personal sense of being and how this in turn influenced the image(s) she constructed of her self in the interviews with me. Was her identity more closely aligned with her personal rather than social sense of being? Such seemed to be the case with her presentation of her self as a person for whom things always worked out and who believed in the potential for her being able to find humor in whatever situation she was in. She carried this sense of self into her nursing role. By doing and saying things to others that made them laugh, Nel put her unique stamp on the role she filled as a nurse. She was the funny nurse who could "get away with anything", make the ordinary an adventure and turn the nurse and patient roles around and upside down. Nel's eye and ear for the humor was her way of releasing what was idiosyncratic to her personal sense of being; what to others could be explained with "That's Nel for you!" or "Who else but Nel would do something like that?" Like the patient who called out upon seeing Nel "You're the one! Have you been in the garbage can lately?", she was memorable for her humorous interpretations of the more ordinary aspects of life experience in a hospital setting, uniquely hers because of her personal philosophy that it "never hurt" to say or do something a "little off the wall every now and again." As such, her pranks and comedic efforts fulfilled her personal identity work; what she did to maintain an identity that was hers alone. Accounts of such experiences and the role they played in the process of self construction were drawn from the personal being interpretive repertoire upon which

Nel depended to show how she made the social role she filled as a nurse unique to her alone.

Nel made use of a social being interpretive repertoire however when she spoke about the roles she played as a daughter, wife, mother, nurse or colleague and their significance to those with whom she interacted. With each role came certain responsibilities and obligations that Nel had as a result of her relationships with others, evident in such accounts like those depicting her work-first-play-later philosophy in life and her concern that patients, like Myrtle and Bill, be acknowledged as individuals with names and families, not merely as pathological conditions with numbers. Such narrative accounting was useful in showing how Nel could be oriented to more in these situations than the opportunities they afforded for her personal expression of humor. While I have already suggested that Nel's accounts of all the times and ways she was responsible for bringing about a humorous response from others were drawn from her personal being interpretive repertoire, together, they served to depict the producer-of-humor role Nel had assumed possibly since her first remembered "blooper", as a six year old falling in the creek to her being a nurse from whom comedic release could be expected.

The accounts Nel provided about her unwillingness to accommodate the expectations and generalizations of others (eg. as with the matron's patronizing remarks about Canadian Indians, the doctor's demand to be humored by her or the patient, to be served in a particular way), were presented as releases with an edge rather than the purely comical ones associated with a comedic structuring of events. In these instances, Nel presented herself as an individual willing to take a stand and defend a personally valued position. In other words, not all of her experiences were dealt with through comic release. Sometimes the struggle that characterizes a romantic structuring of events was warrented, thus establishing something about Nel's social being and how that in turn contributed to her identity. Her account of the interaction

with the "jammy" patient, for example, was useful in depicting her self as a nurse who acted appropriately under those particular circumstances. Offended by the patient's rejection of her playful, friendly overtures, Nel withdrew from the situation and, in a private exchange with a trusted colleague, enjoyed the release afforded by a sarcastic appraisal of the patient. While such humor would not likely have been positively received by the patient, it was nonetheless a means for Nel to release the negative emotions she had as a result of her interaction with the patient. Nel's mirthful account of this colleagual conspiracy was useful in establishing her social being as one that fulfilled the decorum of a nurse who treated the patient in a professional manner, in spite of the personal affront she had experienced at the time. Drawn from her social being interpretive repertoire, it was an account rich in the ways Nel perceived her place within the social order constituted by patients and nurses in general and between this patient and her self in particular.

Humor as a Social Interactional Experience

By this point in my analysis, I no longer perceived Rose's discourse as an indication that she was a disappointed, disillusioned individual, who in her uncertainty about how to make her life more personally meaningful had learned to use humor as a means of coping. Similarily, my earlier perception of Nel's lighthearted approach to life as a hindrance to becoming more seriously involved with complex realities of life experience changed. I now considered how their discourses and their variable self-images represented an ongoing process of self-construction in which they were each engaged. In spite of this shift towards a functional analysis of their discourse and the subsequent accommodation of contextual and temporal influences on the self-construction process, I was still left with the question about what meaning this all had for the reputation Rose and Nel had for being able to use humor effectively in their nursing practice.

As a point from which to explore this question, I turned to Podilchak (1992) and his thesis that humor, depending upon the social interactional processes bringing it about was experienced in one of three distinctive ways: "fun-of" humor; "funny" humor; or, "fun" humor (p. 375). While humorous discourse and play have historically been perceived as frivolous and less significant dimensions of life experience than the more necessary social reality of serious work (Stebbins, 1979), Podilchak (1992) argued that humor played an essential role in sustaining serious discourse and established patterns of social life. For instance, fun-of humor, arising out of the feelings of superiority one individual or group of individuals might have over others, served to reflect and maintain contextually defined social inequalities inherent to hierarchially differentiated social orders. Or, funny humor, where alternative interpretations of reality are both recognized and rejected through laughter, served as a release of tension that comes from ordering reality in a particular way and an ultimate support for the dominant interpretive framework upon which the social order is based. To Podilchak (1992), such laughter arising from the moral, evaluative frameworks of a particular social order was contrived and happened more frequently in serious and formally structured settings. As such, he argued they were the forms of humor most open to analysis, particularly in terms of their critical, subversive nature and role in affirming the hierarchial differentials within a particular social order.

Fun humor, on the other hand, was the most difficult kind of humor to achieve socially and, as a phenomenon, most often hidden or subsumed within fun-of and funny forms of humor. Fun humor, most often characterized by a "glint-in-the-eye" (Podilchak, 1992, p. 378) and the accepting smiles, stares and glances of recognition was innocent, pleasurable and spontaneous because it was the kind of humor that occurred in the absence of calculated intentions within the every day informal interactional world. It was not so much the result of sophisticated,

intellectual efforts as it was the feeling of mutual recognition and acceptance between individuals that came about with "the achievement of social equality among socially unequal and biographically distinctive people"; what Podilchak (1992) called a "with-equal-other social human bond" (p. 378). Where fun-of and funny humor depended upon the continuity of relative positions of power within a social order, fun humor arose from the conscious deconstruction of social inequalities and the subsequent resolution and legitimization of multiple, divergent interpretive perspectives within a focused interactional frame.

Humorous Experience and the Ongoing Construction of Identity

Just as Rose and Nel described their sense of self in variable ways, there were variations in the ways each used or talked about using humor as well. At an earlier point in my analytical endeavor I might have cast Rose as someone who used a version fun-of humor and Nel, funny humor even though neither was an adequate representation of *all* the ways each had described or demonstrated their ability to make use of humor in their interactions with others. By distinguishing the social interactional differences implied by fun-of, funny and fun humor however, I questioned whether the variable ways in which Rose and Nel made use of humor might be related to the ongoing process of identity construction in which they were each engaged. If, for example, identity is *both* a personal *and* a social phenomenon rather than one *or* the other, each being equally important to the identity construction process, what role might humor play in the maintenance or the restoration of the balance between the personal and social parameters of being?

As a means for asserting the place for self in a particular social order, was fun-of humor one way of restoring a diminished or threatened social sense of being in the presence of a more strongly experienced sense of being as a personal phenomenon? Nel's sarcastic appraisal of the matron who gave the impression she knew everything there was to know about the ways of Canadian Indians or Rose's

indignant reaction to her personal problem with "lateness" being identified by the head nurse as an agenda item for the next nursing staff meeting might be perceived as examples of such instances; times where in putting down the words and actions of others, each claimed a place for her self as a social being that was significant relative to the positions held by others. Or, where funny humor might ultimately work to maintain a certain social ordering of reality, was it not, as a momentary release from a dominant interpretive framework, a means for expressing being as a personal phenomenon? The decisions made by Nel, for instance, to alter the usual interpretations of ward routines and the usefulness of such artifacts as boxes or garbage cans exemplified how funny humor helped establish what made her unique from other nurses who did not do such things. And finally, as a manifestation of the mutually experienced, honest revelation and acceptance of another's perspective of and for a situation, was the spontaneous laughter of fun humor, an elementary experience of life characterized by tender feelings, mild emotions and satisfaction (Podilchak, 1992), so satisfying because it was an expression of self experienced simultaneously as a personal and social phenomenon; one that accommodated both what made those engaged the same with and different from each other in one particular moment and set of circumstances?

As two individuals engaged in an ongoing process of identity construction, Rose and Nel could be perceived as individuals engaged in a temporally and contextually sensitive process oriented towards the experience of being as a personal and social experience, using fun-of and funny humor to augment their personal or social sense of being when necessary and fun humor in those moments when being was simultaneously experienced as a personal and social phenomenon. As Podilchak (1992) observed, fun humor is more of a phenomenological rather than an intellectual experience, often hidden within fun-of and funny humor and hence, a process that defies easy examination.

Such seemed to be the case for much of Rose and Nel's humor where in spite of having the *look* of fun-of or funny humor, much of it had the *feel* of humor used in fun. For instance, Nel's account of jumping into bed with the patient might be initially cast as funny humor. As she claimed, few nurses would do something like that because it was unprofessional. But having done it once did not mean that Nel acted indiscriminantly from that point on, imposing the same experience on other patients in her care. Rather, it was one instance where in their mutual recognition and respect for the other as a personal (how each of them were different) and a social (how each of them were the same) being, Nel and her patient were interacting in fun. In a similar way, Rose's wry observation about her claiming to be a shy person with little to say and then taking pages and pages to say it, might be taken as an example of self-directed fun-of humor. As her eyes twinkled and we exchanged a little smile however, it had the feel of fun to it; that in our mutual recognition of such a contradiction, we accepted it as one of those small ironies in life and a comforting reminder that no one can be perfect.

It was this orientation towards fun and the accompanying experience of being as both a social and personal phenomenon that provided me with some clues as to why Rose and Nel were viewed by their colleagues as nurses who made effective use of humor. Within their interactions with others was a readiness to embrace a with-equal-other social bond; a bond producing mutual feelings of satisfaction that when manifested through the laughter of being in fun is experienced as an effective use of humor.

Chapter 6

IMPLICATIONS AND CONCLUSION

Methodological Implications of the Study

By accounting for the research undertaken for this dissertation as a process that evolved and took shape over time, showing the connections among the various events and circumstances I encountered throughout this research endeavor, I have left a trail marked by lines that are far from being straight and smooth. Rather, it is a path with seemingly several points of origin, looking more like a web with lines extending in one or another direction and sometimes back again than one where one point neatly leads to another. There were times when some of those lines felt more like a trap than the web-like pattern they now assume for me; those times when the complexities of qualitative research seemed so unwieldly that I found myself regretting not having pursued the more well-defined parameters of a quantitative study instead. Because of the commonly recognized contextual, temporal nature of humorous experience however, as well as the inadequate explanations arising from previous quantitative explorations, I felt compelled to pursue a qualitative examination of nurses known for their ability to use humor effectively in their nursing practice.

As I struggled through those trap-like times, I thought the pain was inevitable because of the complex nature of collecting and analysing qualitative data. In retrospect I now perceive much of this struggle related to my misguided notion that a qualitative approach to collecting data would be enough to honor the contextual and temporal influences so readily erased by quantitative inquiry. Early on I had recognized my role as an involved researcher who would ultimately influence what was discovered in one way or another. Shotter (1992) perceived this shift from being in an "onlooker" standpoint to being in a position of "instrumentally mediated involvement" (p. 59) as central to post-modern inquiry. While acknowledging this involvement was the first step, the second one was being able to identify how my

verbal and nonverbal communication influenced the subject matter that was collected for the purposes of my study.

Only until I had spent some time analysing the discourse generated from the interviews with my study participants in relation to their reputation for being able to use humor effectively, did I realize the incomplete transition I had made from approaching inquiry as a modern to a post-modern endeavor. The move away from the individual, third-person, external, contemplative observer stance to a more interpretive approach was concerned as much with how the investigator *found* or established and maintained contact with the subject matter as with how the investigator *made* or socially constructed it. Instead of "pointer readings" (Shotter, 1992, p. 60) of some external reality, the findings of post-modern inquiry were to be viewed more as extensions of the investigator which facilitated his or her movement through and subsequent interpretation of a particular terrain. It had been easy for me to accept that, as a researcher, I would in one way or another influence what I found as I conducted my study. While this post-modern perspective on data collection came as a relief to me, I had not anticipated the power of the modernist impulse within me to still look for decontextualized, atemporal answers to my questions about nurses who used humor effectively in their nursing practice; as if I had to make sense of each nurse and her humor producing abilities *once and for all.*

In other words, I failed to appreciate how the "mental tools" I was using for making the subject matter sensible were constructions rather than discoveries of any reality external to me as the researcher (Shotter, 1992, p. 59). Most basic to this was my initial failure to interpret the discourse generated from my interviews with the study participants according to the functions being served within our interaction. In other words, I was still making sense of their words as though they were a reflection of some reality about each of them that was external to the linguistically constituted, mutually negotiated social relationship in which we were situated. This was most

evident when I cast Rose as a disappointed, confused romantic who used humor while searching for a way to make her life more meaningful and Nel, as an off-the-wall character who in doing and saying outrageous things, used humor as way to avoid serious engagement with less-than-pleasant life experiences.

It was an appealing but ultimately unsatisfying way by which to manage the complexities in their discourse. As long as I was oriented towards some overall means by which to explain each of them and their reasons for using humor as they did, I was relying solely upon categorization processes to make sense of their discourse much like the traditional interpretive stance taken in the search for foundational truths and universal laws to explain, predict and ultimately control life experience. Any time I went back for a closer, more detailed look at what they said however, I found such generalizations about Rose and Nel to be inadequate. While they captured certain patterns in the way each woman presented her self, none worked to explain either of them fully.

It was the variability in their accounts that eventually moved me to question whether I had identified the *right* patterns as in *how* I had come to make them what they were. Interpreting life experience according to how it is like other experiences is an important means for managing the constant flow of information that needs to be interpreted by human beings. Where categorizing mental processes are useful for accommodating what is constant about life experience however, the temporal and contextual influences that make it unique can only be accommodated by particularization processes. Because life experience is interpreted then both as an atemporal, decontextualized social phenomenon as well as a temporally, contextually personal one, the most adequate approaches to making sense of life experience are those that incorporate both categorization and particularization processes rather than one or the other. With the variability in their discourses as clues for the interpretive repertoires used by Rose and Nel, I was eventually able to make the analytic

transition that recognized rather than erased the variability in their discourse. With such variability as evidence of the particular meaning that temporal and contextual influences can have on the meaning of life experience, it was possible to see new, more complex ways by which to understand what I had previously perceived as contradictory notions each held about her self.

Despite the philosophical shift toward post-modern inquiry over the past two decades, what Lather (1992) has called a break in the positivistic hegemony regarding what constitutes legitimate inquiry, many still question the practical management of inquiry oriented towards the seemingly never-ending series of methods for collecting and analysing data, each from a specific vantage point with none of them burdened with having to account for everything. To others, however, this partial, more localized sense of scholarship has to be accepted because of the difficulty in proving that any unity of knowledge exists and the continuing debate amongst the experts as to how it might be discovered. Ironically, as Shotter (1992) has observed "everyday social life still continues in spite of its disorderliness" (Shotter, 1992, p. 69). However, even with the hope that such disorderliness might be better understood through partial, localized approaches to inquiry, the means by which such research can be conducted need to be continually developed and demonstrated as a legitimate approach to inquiry.

The shift from a modernist empirical towards post-modernistic epistemological notions will remain a philosophical issue unless efforts are undertaken to demonstrate more hermeneutical-like approaches to inquiry. The evolution of the research endeavor accounted for in this dissertation is a practical depiction of how this shift occurred within the course of an inquiry. While the transition was challenging, my documentation of the experience serves as a practical, instructive account for others oriented towards inquiry as an "investigation-in-practice" where changes in direction and error correction as warranted by "locally

constituted situations or circumstances" (Shotter, 1992, p. 59) have been analytically recognized and accommodated. As such, this document exemplifies the "active psychological process of construction" of knowledge and understanding where the whole was "progressively transformed and articulated ... in a back-and-forth process" with the addition of each new observation and realization (Shotter, 1992, p. 61). While a complex, demanding process to move through, it was and is far from being a fragmented experience without a basis from which its epistemological adequacy can be judged by others.

Implications for the Meaning of Effective Use of Humor

Remembering that the methods used for inquiry not only help find the subject matter but shape it as well, the manner in which the data were generated and eventually interpreted in this study has implications for how effective humor in nursing practice and those who bring such humorous experience about are perceived. Because humor is a temporal and context-dependent experience, it has been argued that inquiry into such experience with methods that neutralize or dismiss the temporal and contextual influences that lead to its occurrence are ultimately inadequate. And yet, much of what has been explored and written about humor has come from an approach to inquiry oriented towards discovering what is constant about such experience and hence, the key to understanding it.

Inquiry based on categorizing processes oriented only towards what is consistent about the subject matter under study leads to the development of prototypical notions. For example, effective humorous experience from such an analytical perspective has been described as a nonthreatening, nonhostile, inoffensive, supportive, accepting, respectful and insightful event that leads to an improved physical, psychological, emotional, spiritual and/or social ability to function. Likewise, those who bring such humorous experience about are

characterized as individuals who are secure, confident and nonhostile with a high self-regard and respect for those with whom their social world is shared.

When such prototypical features are compared with similar quests to categorize the different forms and effects of humorous experience, notions about effectively used humor have inevitably been linked to humor forms categorically defined as positive. According to Mindness (1987) for example, the continuum of humorous substance can be categorized as: 1) nonsense or wordplay (eg. Q: Why is six afraid of seven? A: Because seven eight nine); 2) the comic relief of ribaldry (Q: How many mice does it take to screw in a lightbulb? A: Two, if they're small enough); 3) scatology (Q: Why do farts smell? A: For the deaf); 4) sick humor ("But Mommy, Mommy, I don't like running around in circles!" "Stop complaining or I'll nail down your other foot too."); 5) degrading or hostile humor (Recounting how the doctor had described her breasts as beautiful, the woman's husband replied "Oh yeah? And what did he say about your fat ass?" "Nothing, dear," she replied, "your name never came up."); 6) social satire (Q: What's the difference between communism and capitalism? A: In capitalism, man exploits man; in communism, it's just the other way around); and, 7) philosophical humor or comic vision (Confidence is the feeling that overwhelms you just before you fully understand the problem).

If the only forms with *apparent* value for the effective use of humor are those that are nonhostile and inoffensive in nature, all the examples listed above except nonsense or wordplay, philosophical humor or comic vision and possibly social satire would have to be eliminated. This is where the atemporal, decontextualized abstractions constructed only from what is shared by the category membership with no recognition of their differences becomes problematic. Such prototypical notions inevitably fail to recognize the contextual and temporal influences that make each case or experience unique. When these idealized abstractions form the basis of future expectations regarding what a particular experience, for example, the effective use of

humor *should be like*, an inadequate view by which to understand that experience is inevitably perpetuated.

Such generalized notions about the meaning of effectively used humor were evident at those times when the participants in my study were hesitant to talk about their experiences with humor because it might be misunderstood out of context. Rose's recollection about the kind of humor she had shared with a female patient admitted for vaginal radiation insertion was one example. With the patient's husband present, Rose recalled their nervousness and how they had laughed while being a "little irreverent", making "sexual jokes and everything" and possibly even being " kind of sick." In providing this account of the experience, she found it necessary to say that through it all she tried to be "appropriate." In having used this kind of humor in the patient care setting, she was aware that it might be perceived as inapproriate, even though at the time and within a particular set of circumstances, it helped the patient and her husband manage their anxiety.

As decontextualized, atemporal prototypical forms, sarcastic, sick, hostile, degrading humorous experiences do not fit what is categorically perceived as effective use of humor. Yet, at a certain place and time such humor forms can be used and have anything but a negative effect. This is where the functional approach to analysing the discourse generated from the interviews with Rose and Nel has implications for developing more adequate explanations and expectations regarding the meaning of effectively used humor and the characteristics of those who bring it about. Such an approach to discourse analysis affords the means by which to explore the interactional nature of fun humor that to Podilchak (1992) is so often contained within the forms of fun-of and funny humor. Only until that phenomenon is more fully recognized can we move beyond the notion that to be effective, humor must have universal appeal; that in order to offend no one, it must be sanitized until it is politically correct.

Just as a more adequate meaning of effectively used humor needs to be developed, so it is with the perceptions associated with those who make such humorous experience happen. The contradictions about their sense of self within the discourse generated from my interviews with Rose and Nel were as much to be expected as something about which to be concerned. As clues to particular contextual and temporal influences on human discourse and behavior, such contradictions provided the basis from which to develop a more dynamic means by which to understand why they were known for their ability to use humor effectively in spite of their imperfect match with the prototypical notions about such humorists. As such, Rose and Nel presented as two individuals engaged in the ongoing construction of their sense of self that was both rather than only one of a personal or a social phenomenon.

By looking to the variable ways in which they talked about their sense of self, it was possible to see how the effective use of humor is as much an interactional phenomenon as it is an ontological one. Rather than thinking of an individual who makes effective use of humor as someone who *is* funny, one of the implications arising out of this research study is the need to perceive and hence talk about the effective use of humor as an intermittent experience more dependent upon contextual and temporal influences than the personal attributes of any one individual. How might such notions as the deliberate promotion of humor change if it was perceived and understood more as an orientation towards the fun humor of with-equal-other social human bonds than some external pressure to be funny? Clearly, as the nurse who so emphatically informed me in my humor programming days, the meaning of effectively used humor has little to do with "walking up and down the hallway dressed like a clown."

Implications for Promoting Effective Humor in Nursing Practice

For the effective use of humor to be meaningfully promoted in nursing practice, changes must be made in the ways in which we perceive as well as talk about the notion of producing effective humorous experience. As I began this discussion about the implications this study may have for promoting the effective use of humor in nursing practice, I thought back to a recent personal experience where I, in a supportive role for my uncle who was undergoing diagnostic tests to determine whether his cancer had spread beyond the primary site, was subjected to a humor cart being wheeled around by a couple of fourteen, perhaps fifteen year old boys. It was a difficult time, for my uncle and his wife were anxious, uncertain and afraid to hope too much. The substance that my uncle had to drink added insult to his pain and worry. He had gone through the test at an earlier time and did not find the second exposure any more palatable than the first. The boys were awkward as they approached us, their cart filled with humorous books and props, some puzzles and bean bags for juggling, a mirror that when lifted gave out the sounds of laughter. I was sensitive to the seriousness of the moment and the reluctant, but polite attention my uncle paid to the boys as they stood there, saying very little. Not only was their timing unfortunate, neither seemed particularly comfortable doing what he was doing. It was as if they had been assigned to the humor cart that day and saw it as a task to be taken seriously. It did not have the feel of an effective humorous experience for me nor, I suspect, my uncle and aunt. Mercifully, they moved on in light of the minimal response, with me wondering if this was what deliberate promotion of humorous experiences in a hospital would inevitably produce.

That experience reinforced what has been previously acknowledged: the notion that genuine humorous experience cannot be forced. No doubt the humor workshops and the how-to-improve-your-sense-of-humor books may begin with the

good intention of helping people learn how to see the humor in their life experiences. However, as Mindness (1987) has observed,

> eventually we each come up against some areas in which we are too sensitive to laugh, and when it comes to the core of our existence, to our life itself and whatever means most to us in the world, our ability to take ourselves lightly disappears. (p. 91)

Conclusion

With this awareness, it is difficult to predict what topic can be safely given an effective humorous twist without first knowing the sensitivities of those who listen. Furthermore, using only inoffensive forms of humorous expression like nonsense humor or wordplays will not necessarily constitute effective use of humor just as a sarcastic, irreverent remark at the right time and in the right circumstances will not be automatically experienced as ineffective humor. It is neither the focus nor form of humor but rather the spirit of being part of a with-equal-other social human bond that makes it an effective experience. If I was to start my deliberate-promotion-of-humor days over again, I would depend upon that orientation alone to guide my actions.

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APPENDIX A

INFORMATION SHEET FOR NURSE PARTICIPANTS

Participation in this research program is entirely voluntary. As a nurse participant, you are assured that you may decline to participate or may withdraw from the study at any time without prejudice.

THE NATURE OF HUMOR IN ONCOLOGY CARE NURSE-PATIENT INTERACTIONS: A NURSING PERSPECTIVE

Humor has probably always been used by nurses in their interactions with patients. However, it is most often perceived to be a spontaneous, intuitive activity. As nursing practitioners have readily embraced the idea that humorous laughter is therapeutic, there is mounting pressure for nurses to make a more concerted effort to use humor in their practice for both their own, as well as their patient's sake. Underlying this perspective is the belief that therapeutic humor can be deliberately practiced and with it comes an array of suggestions for how nurses should go about doing so.

Given the complexities and puzzling nature of humorous phenomena, it is important to ensure that such suggestions do not trivialize the meaning of therapeutic humor or what it means to 'deliberately' practice it. In an effort to reduce the likelihood of this problem, the purpose of this study is to explore the concept of therapeutic humor and how it comes about as practiced by nurses who are seen by others to make effective use of humor in their interactions with others and in particular, in the patient care setting.

The proposed research is qualitative in nature. It takes the form of a case study where data will be collected through interviews. The interviews will be carried out at a mutually convenient time and place for the participant and the investigator. Each participant in the study can expect to take part in approximately three one hour recorded interview sessions and will be asked to talk about their experiences with humor in the patient care setting as well as to reflect upon their own life experiences that have contributed to their personal philosophy about the value and place of humor in nursing practice.

While the nomination of informants will be a public process, those who ultimately decide to participate in the study will be guaranteed anonymity through the use of a code name and/or number in all transcriptions of taped interviews and analyses of that material. This coded information will be shared only with the members of the investigator's research committee. The tapes will be erased at the end of the study and the transcripts will be kept in a secure place for a period of two years for the purpose of further analysis if it should be necessary.

In recent years, the therapeutic use of humor by nurses in their practice care setting has received increasing amounts of attention. While therapeutic humor is positively viewed by most, little is known about what constitutes therapeutic humor and how it comes about. In spite of this, the call for the deliberate use of therapeutic humor in nursing is not uncommon in the nursing literature. However, the deliberate practice of any skill rests on it being something that can be articulated and subsequently translated into actions. The ability to do this in turn makes it possible to help others learn the skill.

Exploring the perceptions and practices of nurses who are perceived to be effective users of humor in the patient care setting will contribute to the knowledge base about the realities of the therapeutic practice of humor by nurses and what must be considered in relation to it being a skill that can be cultivated.

The results of the study will be written up as a Phd. dissertation and summaries of the material may be published or used in further academic endeavors. Strict confidentiality requirements will be maintained in all of these materials. A copy of the report or subsequent publications will be made available to any participant in the study who would like to have them.

Any questions about the study protocol that may arise at any time before, during or after the study has been conducted can be directed to the study investigator, Jeanette Boman (Phd. Candidate, Department of Educational Psychology, University of Alberta) at 434-0379.

CONSENT FORM

My signature on this form indicates that I have understood to my satisfaction the information regarding my participation in the research project, and agree to volunteer as a participant. In no way does this waive my legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities.

My continued participation should be as informed as my initial consent, so I can feel free to ask for clarification or new information throughout my participation.

I understand that Jeanette Boman at 434-0379 will answer any questions that I have about the research project.

I understand that I will receive a copy of the information sheets and this consent form.

_____ _____

Name of Nurse Participant Signature of Nurse Participant

_____ _____

Name of Investigator Signature of Investigator

Date:_____

APPENDIX B

INFORMATION SHEET FOR NURSE PARTICIPANTS

Participation in this research program is entirely voluntary. As a nurse participant, you are assured that you may decline to participate or may withdraw from the study at any time without prejudice.

THE EFFECTIVE USE OF HUMOR IN THE PATIENT CARE SETTING AND HOW IT COMES ABOUT: A NURSING PERSPECTIVE

Humor has probably always been used by nurses in their interactions with patients. However, it is most often perceived to be a spontaneous, intuitive activity. As nursing practitioners have readily embraced the idea that humorous laughter is therapeutic, there is mounting pressure for nurses to make a more concerted effort to use humor in their practice for both their own, as well as their patient's sake. Underlying this perspective is the belief that therapeutic humor can be deliberately practiced and with it comes an array of suggestions for how nurses should go about doing so.

Given the complexities and puzzling nature of humorous phenomena, it is important to ensure that such suggestions do not trivialize the meaning of therapeutic humor or what it means to 'deliberately' practice it. In an effort to reduce the likelihood of this problem, the purpose of this study is to explore the concept of therapeutic humor and how it has come to be practiced by nurses who are seen by others to make effective use of humor in their interactions with others.

How Will the Study Be Carried Out?

The proposed research is qualitative in nature. It takes the form of a case study where data will be collected through interviews. The interviews will be carried out at a mutually convenient time and place for the participant and the investigator. Each participant in the study can expect to take part in approximately three one hour recorded interview sessions and will be asked to talk about their experiences with humor in their interactons with others as well as to reflect upon their own life experiences which they believe have contributed to their personal philosophy about the value and place of humor in nursing practice.

While the nomination of informants will be a public process, those who ultimately decide to participate in the study will be referred to by a name other than their own as will other identifiable aspects of their lives such as place of work and residence. The tapes will be erased at the end of the study and the transcripts will be kept in a secure place for a period of two years for the purpose of further analysis if it should be necessary.

What Are the Benefits of Participating in the Study?

In recent years, the therapeutic use of humor by nurses in their practice care setting has received increasing amounts of attention. While therapeutic humor is positively viewed by most, little is known about what constitutes therapeutic humor and how it comes about. In spite of this, the call for the deliberate use of therapeutic humor in nursing is not uncommon in the nursing literature. However, the deliberate practice of any skill rests on it being something that can be articulated and subsequently translated into actions. The ability to do this in turn makes it possible to help others learn the skill.

Exploring the perceptions and practices of nurses who are perceived to be effective users of humor in the patient care setting will contribute to our understanding about the use of

therapeutic humor by nurses and what must be considered in relation to it being a skill that can be cultivated.

The results of the study will be written up as a Phd. dissertation and summaries of the material may be published or used in further academic endeavors. Strict confidentiality requirements will be maintained in all of these materials. A copy of the report or subsequent publications will be made available to any participant in the study who would like to have them.

Please direct any questions about the study to Jeanette Boman (Phd. Candidate, Department of Educational Psychology, University of Alberta) at 434-0379.

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My continued participation should be as informed as my initial consent, so I can feel free to ask for clarification or new information throughout my participation.

I understand that Jeanette Boman at 434-0379 will answer any questions that I have about the research project.

I understand that I will receive a copy of the information sheets and this consent form.

_____ _____

Name of Nurse Participant Signature of Nurse Participant

_____ _____

Name of Investigator Signature of Investigator

Date:_____